

# Adjustment of Vocational Rehabilitation Clients

U. S. DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
Vocational Rehabilitation Administration

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ADJUSTMENT  
OF  
VOCATIONAL REHABILITATION  
CLIENTS

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## PREFACE

The faculty of the Graduate School of Social Work, University of Utah, became interested in studying some aspects of vocational rehabilitation as a result of their close association with the staff of the Utah State Office of Vocational Rehabilitation, which serves as a training center for social work students.

The University group became aware that research could augment the knowledge available for use in aiding disabled individuals in their social adaptations, and that such research could be centered in the Department of Vocational Rehabilitation, a community-supported institution for applying that knowledge. They thought of such questions as: What percentage of the clients who successfully complete rehabilitation services remain employed for a number of years after case closure? Do rehabilitation services pay in dollars and cents? How may rehabilitation services be improved?

In June 1956, the faculty's interest in research was centered on a follow-up study to ascertain the present adjustment of persons who had been served by the state divisions of vocational rehabilitation in Utah, Montana and Wyoming. This interest was discussed with Dr. Laurence B. Harmon, Utah State Director of Vocational Rehabilitation. In March 1957, a proposed design for the research was submitted to the U. S. Office of Vocational Rehabilitation and the project plan was approved.

Expressing appreciation to all who have given support and assistance to the project would be impossible. Special acknowledgment is made to Dr. L. B. Harmon, former State Director of the Utah Division of Vocational Rehabilitation, and his successor, Phillip R. Clinger, and their staff; to Mr. Leif Fredericks, former State Director of the Montana Bureau of

Vocational Rehabilitation, and his successor, Glen O. Lockwood, and their staff; to Mr. John Coey, State Supervisor, Vocational Rehabilitation for the Blind, and his staff, of the Montana State Department of Public Welfare; and to Mrs. Mildred C. Cassidy, former State Director, Wyoming Division of Vocational Rehabilitation, and her successor, Mr. James G. Hook, and their staff, whose cooperation and support were invaluable.

Grateful appreciation is given to the staffs of the state welfare departments in Utah, Montana and Wyoming in helping locate clients in the study.

Harold C. Corpening, former Regional Representative, Office of Vocational Rehabilitation, and the former Assistant Regional Representative, Warren Thompson, were both helpful at the beginning of the project. Their successors, Vlad F. Ratay and James Burrell, have given valuable support and suggestions during the remainder of the time.\*

The personnel of the national Office of Vocational Rehabilitation have at all times been willing to confer with the research team and give aid and suggestions regarding the project.\*

\* On January 23, 1963, the name of this office changed to Vocational Rehabilitation Administration.





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## CHAPTER I

### INTRODUCTION

#### General Statement

The funds appropriated by the United States Congress and by state legislatures to help disabled people help themselves have had a continuous growth since their inauguration in 1921. Exclusive of special project grants the amount expended from Federal funds increased from \$18,215,683 in 1949 to \$22,964,504 in 1954. The amount expended from state and local funds increased from \$7,603,156 to \$12,401,975<sup>1</sup> over the same period. This increase in funds stems in part from the larger number of handicapped individuals in society today and also the changed attitude of society toward the treatment of the disabled.

The services provided under the public program of vocational rehabilitation are varied and adapted to the needs of the clients. These services are:

1. Medical examinations to determine the extent of disability and eligibility for service -- at no cost to the client.
2. Individual counseling and guidance to select and attain the correct job objective -- at no cost to the client.
3. Medical, surgical and hospital care as needed to remove or reduce a disability -- provided to the client to the extent he cannot provide them himself.

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<sup>1</sup>Switzer, Mary E., Vocational Rehabilitation in the United States, U. S. Government Printing Office, Washington, D. C., 1960, p. 10.

4. The procuring of artificial appliances such as limbs, hearing aids, trusses, braces, glasses, etc. -- provided to the client to the extent he cannot provide them himself.
5. Training to prepare the handicapped person for employment in schools, colleges and universities, on the job, in the plant, by tutor, through correspondence or otherwise -- provided to the client to the extent he cannot provide them himself.
6. Maintenance and transportation costs during treatment or training -- provided to the client to the extent that he cannot provide them himself.
7. Occupational tools, equipment and trade licenses -- provided to the client to the extent that he cannot provide them himself.
8. Placement in suitable employment.
9. Follow-up after placement to evaluate the adjustment of the rehabilitant and to provide additional services if they are needed.

Vocational rehabilitation then is the restoration of the handicapped to the maximum physical, mental, social, vocational and economic usefulness of which they are capable.<sup>2</sup>

#### Purpose

The basic purpose of the research was to consider social, emotional and physical factors related to vocational rehabilitation adjustment through

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<sup>2</sup>Harmon, Laurence B., Vocational Rehabilitation, Utah State Department of Public Instruction, Salt Lake City, 1953, p. 21.

a follow-up study of clients whose cases had been closed at the offices of state divisions of vocational rehabilitation in Utah, Montana and Wyoming.

#### Specific Aims

1. To determine the vocational and social adjustments made between case closure and the research interview by the 835 rehabilitants who successfully completed services and by the 370 persons who did not complete rehabilitation services.
2. To determine and classify the social, emotional and physical factors in the vocational adjustment of the rehabilitants and non-rehabilitants of the study.
3. To determine the comparative influence of mental and physical disability upon the vocational adjustment of clients.
4. To determine the comparative influence of various types of physical disability upon the vocational adjustment of clients.
5. To determine and compare the vocational adjustment made by those who (a) were receiving public assistance at the time of application for rehabilitation services, or (b) were not receiving public assistance at application.
6. To consider differences which existed between urban and rural vocational rehabilitation clients.
7. To construct and test a research design which could be used in evaluating factors influencing the adjustment of vocational rehabilitation clients, and which could also be used in other states.

## CHAPTER II

### METHODOLOGY

#### The Study

The study involved locating a 20 per cent random, stratified, proportionate sample of individuals who had been referred to or accepted for services at the offices of vocational rehabilitation in Utah, Montana and Wyoming during the period July 1, 1949 to June 30, 1954. The clients in each state were studied during a separate year, starting with Utah in 1957 and finishing with Wyoming in 1959. Thus the interval from the time the client's case was closed by the agency until the research team interviewed the client ranged from a minimum of three years to a maximum of ten years. It was presumed that the minimum time of three years would be sufficient for the client to become adjusted in his community.

Table I

Number of Rehabilitants and Non-rehabilitants  
Interviewed with Year of Closure

Year	Rehabilitants	Non-rehabilitants	Total
1949-50	156	62	218
1950-51	197	84	281
1951-52	178	65	243
1952-53	155	76	231
1953-54	149	83	232
Total	835	370	1205

Employers and family members were also interviewed to obtain additional material which would aid in relating the emotional, social and physical



factors to vocational rehabilitation adjustment in the three above mentioned states.

Table II

Number of Clients, Employers and Family Members Interviewed  
in Utah, Montana and Wyoming, 1957-1959

State	Clients		Family Members		Employers	
	No.	Per Cent	No.	Per Cent	No.	Per Cent
Utah	412	34	334	36	113	40
Montana	506	42	366	40	103	38
Wyoming	287	24	225	24	65	22
Total	1,205	100	925	100	281	100

Approximately three fourths (77%) of the clients' family members were interviewed with only 6 per cent of all the clients stating they did not wish the interviewer to contact a family member. Twenty-three per cent of the clients stated they did not wish the interviewer to talk with their employer, and the main reasons why so few employers were interviewed were the client was self-employed or was not working.

### Terminology

The following are definitions of terms used in this study:

**Rehabilitant:** The rehabilitants are those who have successfully completed rehabilitation services and were employed when their cases were closed, and comprise 835 individuals in this study.

**Non-rehabilitants:** The non-rehabilitants are those who did not complete rehabilitation services because (a) they were not accepted for services because they had no vocational handicap, were too ill to profit from services, or were not interested (classified as "Status 0-Referred" on the

schedule),(b) they began but did not complete rehabilitation services (classified as "Status 13"),or (c) they were eligible for rehabilitation but did not begin services (classified as "Status 15"), and comprise 370 individuals.

Research interview: The interview with the 1205 persons, which was held three to ten years after case closure.

Full-time employed: Those persons who were employed 35 or more hours per week for 10 months or more during the year prior to the research interview.

Part-time employed: Those persons who were employed full time less than 10 months and employed only part time during the year prior to the research interview.

Unemployed: Those persons who were unemployed during the year prior to the research interview.

Housewife: Those persons who provided housekeeping services for self or another person or persons, such as a husband, a husband and children, or children.

Retired: Those persons, age 65 or older, who were not working at the time of the research interview.

Urban county: Any county in which there was a town with a population of at least 10,000.

Rural county: Any county in which there was no town with a population of 10,000 or more.

Chi square test ( $\chi^2$ ): A statistical procedure to test hypothesis regarding the distribution of clients responding to questions on schedule.

Coefficient of contingency (C): A measure of the extent of association of relation between two sets of attributes. It may be used when the attributes consist of an unordered series of frequencies.

### The Sample

To identify the sample in the study, all cases in the state offices which had been closed during the years 1949-54 inclusive were enumerated. The records of the "Status 0" group were each read and those clients who had no substantial physical nor mental disability or because their disability did not constitute a substantial occupational handicap were eliminated from the study. (See Appendix IV, p.95). The cases were then stratified according to male or female, urban or rural, rehabilitants or non-rehabilitants, and the following seven types of disabilities:

(1) amputations (2) impairment of extremities (3) other body impairments (4) visual (5) aural (6) miscellaneous disablements, and (7) mental.

A 20 per cent random, stratified, proportionate sample was then taken in Utah and Montana and a 25 per cent sample in Wyoming because of the small number of clients in that state. Two similar samples were drawn in each state to be used for substitution purposes. In Table V, Appendix IV, are shown the various reasons that certain clients were not interviewed. Only 23 clients refused to be interviewed, which would indicate good relationships existed between the various state offices and the clients.

### Schedules

Five types of schedules were used, one for case records, one for interviewing the client, one for the family member and another for the employer. The fifth schedule was a clinical schedule and was used by the



interviewer to rate each client. Subjective judgments were used by the interviewers to complete the clinical schedule. The client was rated regarding his involvement, satisfaction, sense of achievement, and adaptation towards the family, the community, the job, and the experience with the state office of vocational rehabilitation. In addition, he was rated on his involvement, satisfaction, cooperation, and adaptation during the research interview. Selected items from the five schedules are found in Appendix I.

### The Interviewers

The interviewers were all professional people on the faculty of the University of Utah. They met frequently as a group during the summer of 1957, developing schedules and formulating instructions which are explained in detail in Appendixes IV and V. Three clients, not included in the sample, were interviewed in a room equipped with a one-way screen and microphone. Each member of the research team participated by completing a client schedule from what he saw and heard. The schedules were then compared and discrepancies in interviewing and recording discussed and rectified. By this means uniformity in interviewing and recording was obtained.

### Statistical Analysis

Comparisons were made between the responses of the rehabilitants and non-rehabilitants by use of the Chi Square Test. In addition, coefficients of contingencies were calculated when applicable.

To investigate the employment of the clients during the year previous to the research interview, the clients were categorized into full-time employed, part-time employed, unemployed, retired, and housewife. A flexible program for a Burroughs 205 electronic computer was made so that these cate-



gories could also be used to investigate the aims of the study.

Since one of the objectives of the study was to construct a design which could be used in conducting similar research, a detailed analysis of the methodology is fully described in Appendixes IV, V, and VI.

## CHAPTER III

### DESCRIPTION OF SAMPLE

#### At Application

The sample consisted of a total of 1205 clients of whom 835 were rehabilitants and 370 were non-rehabilitants. Seventy per cent of all the clients were male and three fifths of them lived in urban counties. Approximately half of the clients were under 30 years of age at time of referral and two fifths of the sample had less than a ninth grade education. The number and percentage of clients from each of the three states studied is shown in Table III.

Table III

Number of Rehabilitants and Non-rehabilitants Interviewed in  
Utah, Montana and Wyoming

State	Rehabilitants		Non-rehabilitants		Total	
	No.	Per Cent	No.	Per Cent	No.	Per Cent
Utah	290	36	122	33	412	34
Montana	370	44	136	37	506	42
Wyoming	175	20	112	30	287	24
Total	835	100	370	100	1,205	100

Many of the non-rehabilitants did not receive services and others did not start these services even after they were accepted by the state vocational rehabilitation agency. Of the 370 non-rehabilitants, 64 per cent were not accepted for service and 26 per cent, even though they were accepted, never did start services. The remaining 10 per cent did not complete the services after they had been started. When the non-rehabilitants were asked at research interview if they had a clear idea of the available

services when they applied for rehabilitation, three fourths of the clients replied in the negative. About half of these clients received their information concerning rehabilitation through the counselor and only six non-rehabilitants gained their information through literature, newspapers, radio or television. Since these media of communication are primary in our modern society, it would appear that the state agencies should use them to a greater advantage than they have done in the past. The same finding pertains to the rehabilitated, of whom only 12 received their initial information through the media mentioned above. Furthermore, 94 per cent of the non-rehabilitants were referred by agencies and individuals, yet only one third of the clients gained their information about rehabilitation from these agencies or individuals. Again it should be the role of the state divisions of rehabilitation to inform the personnel in other agencies of their function so that when the client is referred to the rehabilitation office he will know some facts about rehabilitation. Undoubtedly this is already being done in many of the state rehabilitation offices, but the idea must be continually stressed if positive results are expected to be forthcoming.

When the non-rehabilitants were compared at time of referral with the rehabilitants a larger percentage of the former were found to be single, had no dependents, were older, had less education, had never worked, were referred by public welfare, and had been disabled since birth. ~~Disease~~ was given as the most frequent cause for the origin of the disability in both groups with accidents being next.

The seven main types of disabilities are listed in Appendix II, page 91. However, the greatest percentage of disabilities fall in the category

miscellaneous disablements shown in Table IV. The 69 cardiac rehabilitants constitute 8 per cent of the 835 rehabilitants which is twice the percentage of those rehabilitated with heart disease throughout the nation during the fiscal year 1955.<sup>1</sup> In addition, 8 per cent of the non-rehabilitants studied were clients with cardiac difficulties. Counselors in the state agencies in this region are aware of the high percentage of cardiac referrals and make great efforts to place these clients in positions which will be compatible with their disability.

Table IV

Miscellaneous Disablements of 243 Rehabilitants  
and 116 Non-rehabilitants

Type of Disablement	Rehabilitants		Non-rehabilitants	
	No.	Per Cent	No.	Per Cent
Speech	14	6	9	8
Arthritis	10	4	9	8
Cardiac	69	28	30	26
Diabetes	11	4	5	4
Hernia	23	9	8	7
Tuberculosis	19	8	6	5
Other Diseases	97	40	49	42
Total	243	99	116	100

There were significantly more non-rehabilitants than rehabilitants in the mental deficiency category when compared with the other central nervous

<sup>1</sup> Rehabilitation Service Series Number 360 -- Supplement 3, Department of Health, Education, and Welfare, Office of Vocational Rehabilitation, Washington 25, D. C., August 1, 1956.



system diseases as shown in Table V. Perhaps the mentally deficient client may need special casework services and counseling which requires the team approach to rehabilitation using various disciplines.

Table V

Mental and Central Nervous System Diseases of 66 Rehabilitants  
and 53 Non-rehabilitants

Type of Disease	Rehabilitants		Non-rehabilitants	
	No.	Per Cent	No.	Per Cent
Mental and Emotional	16	24	18	34
Psychosis	13	20	9	17
Psychoneurosis	11	17	2	4
Psychopathic	3	4	1	2
Epilepsy	17	26	10	19
Migraine	0	0	1	2
Mental Deficiency	6	9	12	23
Total	66	100	53	101

#### At Research Interview

When the rehabilitants were interviewed three to ten years after their cases had been closed by the divisions of vocational rehabilitation, 55 per cent of the rehabilitants were employed full time in comparison to 29 per cent of the non-rehabilitants. Should the housewives be considered as fully employed, there were only 11 per cent of the rehabilitants unemployed in comparison to 35 per cent of the non-rehabilitants.

Of the 576 rehabilitants who could be classified in jobs both at closure and at interview, and excluding the housewives, 51 per cent were in the same type of job at interview as they had held at closure; 27 per cent showed upward mobility and 22 per cent showed downward mobility in

occupational status.

Table VI

Job Comparisons at Closure and Research  
Interview of 576 Rehabilitants

Job at Closure	Job at Interview							
	Prof.	Skill.	Cler- ical	Pers. Serv.	Semi- Skill.	Agric.	Un- skill.	Total
Professional	38	7	10	0	5	2	0	62
Skilled	3	52	8	4	14	4	3	88
Clerical	12	12	83	9	7	3	3	129
Pers. Services	3	4	6	46	10	2	9	80
Semi-skilled	3	20	11	13	32	5	13	97
Agriculture	1	3	5	7	5	24	9	54
Unskilled	4	14	4	8	12	7	17	66
Total	64	112	127	87	85	47	54	576

Moreover, 52 and 26 per cent of the rehabilitants and non-rehabilitants respectively, who were working at time of research interview, had never been unemployed since their cases had been closed at the rehabilitation offices. The employers of the rehabilitants stated that the quality and quantity of their work was the same as, or better than, their other employees, and that they had less absenteeism than their other employees.

Of the 835 rehabilitant records examined 47 had no information recorded as to total weekly income at closure. The median weekly wage at closure for those working was found to be \$48.36 which had increased to \$78.02 at time of research interview. The median weekly salary for the non-rehabilitants who were working at time of research interview was \$72.77. However, only 44 per cent of the non-rehabilitants were wage earners, whereas 74 per cent

of the rehabilitants were wage earners at time of the research interview, and the median cost of services for the 835 rehabilitants was only \$259.64.

### Urban and Rural Classification

The states of Montana, Utah and Wyoming may be considered rural states in that 43 per cent of the population live in counties where there are no cities with a population greater than 10,000. Furthermore, these states are not only large in area but sparse in population, there being on the average only five persons per square mile.

The urban population consisted of 57 per cent of the total population and the urban sample under study was 59 per cent of the total sample interviewed. Thus there appears to be no discrimination between urban and rural residents so far as being interviewed by vocational rehabilitation personnel is concerned. There were only 1.59 individuals processed per 1,000 in the urban and 1.40 per 1,000 in the rural areas studied, whereas the best estimates available would indicate that "many more could benefit from rehabilitation services."<sup>2</sup>

One major difference found in comparing urban and rural clients was more of the rural clients thought that the medical care in their community was inadequate. In addition, the percentage of rural clients, both the rehabilitants and the non-rehabilitants, who made this statement was inversely related to employment, i.e., the less employment the more clients thought the medical care was inadequate. Again, more of the urban clients in both groups hesitated to do things because of the attitudes of others. Sociologically, this may be explained by the fact that the individual in a rural environment

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<sup>2</sup>Social Work Year Book 1960. New York: National Association of Social Workers, 1960, p. 601.

is a member of an in-group which consists of most individuals in that area. This is not the case in urban communities. In all, few differences were found between the urban and rural groups, which may be partially explained by the fact the three states studied are much more rural in area than urban.



## CHAPTER IV

### FACTORS INFLUENCING THE EMPLOYMENT OF REHABILITANTS

What are the characteristics of clients of state divisions of vocational rehabilitation who will likely maintain full employment after the completion of rehabilitation services? What are the characteristics of those who will likely experience considerable unemployment and may therefore be in need of more intensive vocational counseling and training than is usually provided during the rehabilitation process? In order to answer these questions the following was accomplished:

1. The characteristics of the rehabilitated clients of this study, as they existed prior to the completion of rehabilitation services, were determined from the case records, and were compared for those who were employed full time, part time, or were unemployed when interviewed three to ten years after case closure.
2. Similar comparisons were made for the non-rehabilitated persons under consideration. In Table VII are shown the employment classifications at research interview for the rehabilitants and non-rehabilitants under consideration.

It is probable that significantly more of the rehabilitated clients of state divisions of vocational rehabilitation who have the characteristics of the fully employed described in this study, will also maintain full employment for a considerable time after case closure, and that more of those with the characteristics of the unemployed described in this study will also experience considerable unemployment after case closure.

Table VII

Rehabilitation Classifications of 1205 Clients  
and Employment Status at Research Interview

Employment Classification at Research Interview	Rehabilitants		Non-rehabilitants	
	No.	Per Cent	No.	Per Cent
Full-time Employed	463	55	107	29
Part-time Employed	157	19	58	16
Unemployed	89	11	131	35
Retired	16	2	19	5
Housewives	110	13	55	15
Total	835	100	370	100

The Rehabilitants

Characteristics of the Fully Employed

Significantly more of the 463 clients who were fully employed at the time of the research interview, in comparison to the 157 part-time employed and the 89 who were unemployed: (See Table III, Appendix III).

1. Were male. (C = .18)
2. Received vocational training during the rehabilitation process. (C = .19)
3. Were trained at a university or a college. (C = .16)
4. Were under age 30 when they applied for rehabilitation services. (C = .21)
5. Were at least high school graduates. (C = .24)
6. Were employed when they made application for rehabilitation services and their major source of income was from wages. (C = .09)
7. Were referred for rehabilitation services by the public schools. (C = .13)

8. Expressed job aspirations in one of the professions. (C = .19)
9. Were employed in one of the professions at case closure. (C = .14)
10. Had earnings at case closure of \$50 or more per week. (C = .34)

It would appear from the values of the coefficients of contingency that the clients who were high school graduates, and who were under 30 when they applied for services, had a good chance of becoming rehabilitated. This does not take into account the type of disability which has a higher coefficient and will be discussed later.

#### Characteristics of the Part-time Employed

Prior to the completion of rehabilitation services significantly more of the 157 clients who were employed only part time during the year prior to the research interview, in comparison to the 463 clients who were employed full time:

1. Were female. (Does not include those rehabilitated as housewives).
2. Received no vocational training during the rehabilitation process.
3. Did not receive training in a college or university.
4. Were age 40 or older at the time of application for services.
5. Were disabled after age 40.
6. Had completed less than 10 grades in school at the time they made application for rehabilitation services.

7. Were referred for rehabilitation services by a department of public welfare.
8. Had job aspirations in personal services.
9. Had earnings at case closure of less than \$50 per week.

#### Characteristics of the Unemployed

Prior to case closure significantly more of the 89 clients who were unemployed during the year prior to the research interview, in comparison to the 463 clients who were fully employed, were in the same nine categories listed under "Characteristics of the Part-time Employed." In addition, significantly more of the unemployed clients:

1. Were receiving public assistance at the time of application for rehabilitation services.
2. Had job aspirations in the unskilled field at the time of application for rehabilitation services.
3. Were employed in personal services or unskilled occupations at the time of case closure.

#### Similarities of the Rehabilitants

There were no significant differences in the percentages of the fully employed, the part-time employed and the unemployed groups under consideration in respect to the following: (These characteristics may, therefore, have little value in predicting the future vocational adjustments of clients).

1. Those who were between ages of 30 and 40 when they applied for rehabilitation services.
2. Those employed in skilled occupations or in agriculture at case closure.



3. Those reporting that prior to application for rehabilitation services they (a) had never worked, (b) had a history of unsubstantial employment, or (c) had a history of substantial employment.
4. Those referred to rehabilitation services by a physician, the United States Employment Services, by self-referral or referral by another individual.
5. Those disabled after birth but prior to age 10.
6. Those disabled between age 19 and 40.
7. Those with ability to perform minimal, some, or considerable physical activity, according to the ratings in their case records.
8. Those disabled by accident, disease or at birth. (See Table VIII).

Table VIII

Origin of Disability of Rehabilitants by Employment  
Classification at Research Interview\*

Origin of Disability	Fully Employed		Part-time Employed		Unemployed	
	No.	Per Cent	No.	Per Cent	No.	Per Cent
Employment Accident	67	14	22	14	12	14
Other Accident	101	22	32	21	12	14
Disease	225	49	77	50	46	52
Congenital	65	14	24	15	17	19
Military Service	3	1	0	0	1	1
Total	461	100	155	100	88	100

\*Four rehabilitants are not included in this table as the information was not recorded in their case records.

### Health Factors

At the time of the research interview more of the rehabilitants classified as fully employed, in comparison to those in the part-time and unemployed groups, were in good health, and more of those in the latter groups were in poor health. ( $C = .25$ )

In answer to the question, "If you have been unemployed since the end of rehabilitation services, what were the major reasons?", only 32 per cent of the 46 persons in the fully employed group who had experienced unemployment since the close of rehabilitation services, indicated that poor health had been the major reason. However, 52 per cent of the part-time employed rehabilitants and 78 per cent of the unemployed, who responded to this question, reported that poor health had been the major reason for their unemployment.

Only 12 per cent of the clients in the fully employed group were spending 10 dollars or more per month for medical care at the time of the research interview, compared to 32 per cent of the part-time employed and 23 per cent of the unemployed, an indication that significantly more of the fully employed were in good health.

A family member of most of the rehabilitants, (usually a spouse, a brother or parent) was asked the following question: "Is client unable to do some of the things he would like to do because of the attitude of other people toward his disability?" While 70 per cent of the family members of the fully employed who responded to this question replied "never," the percentage answering "never" for the part-time and unemployed groups were 62 per cent and 45 per cent respectively, indicating a greater curtailment in activities for the latter groups, because of the attitudes of others

toward their disabilities.

### The Non-rehabilitants

It is of significance that approximately the same characteristics were prevalent, prior to case closure, in both the rehabilitated and non-rehabilitated clients whose employment classifications at research interview were full-time employed, part-time employed, or unemployed.

#### Characteristics of the Fully Employed

Significantly more of the full-time employed, in comparison to the unemployed non-rehabilitants, were male, were younger than age 30 at application for services, were disabled between age 10 and age 30, were high school graduates, their major source of income at application was from wages, they were referred for services through the public schools, and their job aspirations at interview were in the professional or skilled fields. (See Table IV, Appendix III).

#### Characteristics of the Unemployed

Significantly more of the unemployed, when compared to the fully employed, were female, were age 40 or older at application, were disabled after age 40, had completed less than 10 grades in school, were receiving public assistance at application, were referred for services by public welfare, and had job aspirations in the unskilled field.

#### Health Factors

Significantly more of the unemployed non-rehabilitated group, in comparison to the full-time employed non-rehabilitated group, had serious health problems. At the time of application for rehabilitation services 65 per cent of the non-rehabilitated, who were later classified as unemployed, were able to do only minimal physical activity, compared to 33 per cent of



those who were fully employed at the research interview, who were in this classification. Also, significantly more of the unemployed group (89 per cent) reported that poor health had been the major reason for their unemployment since case closure, compared to only 53 per cent of the fully employed who had experienced unemployment since case closure.

The unemployed group were also more sensitive about their disabilities. While 60 per cent of the unemployed hesitated to do some of the things they would like to do because of the attitude of other people toward their disabilities, only 27 per cent of the fully employed were in this category.

### Clinical Judgments

The research interviewers rated the clients on their involvement, satisfaction, sense of achievement and adaptation in regards to the family, the job, and the community. See Instructions for Using Clinical Schedule, Appendix VI, p.113. In most instances the ratings for the rehabilitants were superior to those of the non-rehabilitants.

### The Family

There was a trend for the full-time and part-time employed rehabilitants (approximately 80 per cent) to have closer family relationships than the full and part-time employed non-rehabilitants. However, with the unemployed this trend was reversed, with the non-rehabilitants showing closer family relationships. Only about 50 per cent of the unemployed rehabilitants were rated as having healthy and sharing family relationships.

### The Job

When comparisons were made between the ratings of the full-time and part-time employed rehabilitants, it was found that the former were better adjusted in their jobs than the latter (53 per cent in comparison to 31 per



cent). In addition, the part-time employed rehabilitants had better adaptation on their jobs than the part-time non-rehabilitants. There was a trend for more of the part-time rehabilitants to be in the job classification of personal services. It would appear that these results show some rewards of the vocational rehabilitation counseling services.

### The Community

From the ratings of the interviewers, one may infer that the clients in many instances were not involved nor did they adapt too well in community affairs. Only about 49 per cent and 39 per cent of the fully employed rehabilitants and non-rehabilitants respectively, adapted well to the reality factors of community life. Only about 12 per cent of the unemployed rehabilitants were rated as involved in the community. The tendency for withdrawal from society, especially when the disability is visible, is an item that needs further investigation and means of prevention discussed at the time of counseling in the rehabilitation agency.

### Implications for the Rehabilitation Counselor

It may be possible for rehabilitation personnel to select those clients who will be more likely to experience considerable unemployment after case closure and ~~therefor~~ to provide, during the rehabilitation process, more intensive vocational counseling and training than would otherwise be considered necessary.

More of the clients with the characteristics of the unemployed groups evaluated in this study will likely experience considerable unemployment after case closure. They will most probably require their cases to be reactivated from time to time to help them help themselves. It is also likely that significantly more of those with the characteristics of the

the fully employed will experience full employment after case closure.

There needs to be more casework services in the rehabilitation offices to help the client foster his ego strengths. To help combat the negative attitudes of some people in the community, more information should be circulated regarding the services offered by rehabilitation offices. This may be accomplished by the establishment of a public relations program stemming from the state rehabilitation offices.

## CHAPTER V

### DISABILITY AND REHABILITATION ADJUSTMENT

#### Congenital and Accidental Disabilities

To investigate differences and similarities of clients disabled at different periods of life, comparisons were made between 80 rehabilitants who were congenitally disabled and 193 rehabilitants who were disabled by accident at an average age of 26 years.

All of the rehabilitants in the two groups under consideration had the following in common: (a) they had completed rehabilitation services and were employed when their cases were closed, and (b) they had been employed full time for at least one year immediately preceding the research interview. All of these rehabilitants were therefore successful in the vocational adjustment they maintained after case closure.

#### Wages and Employment

The rehabilitants were asked to estimate how much of the time between case closure and the research interview, an average of seven years, they had been unemployed. As would be expected of clients successfully rehabilitated, their employment records were good. Only three per cent of both groups reported unemployment as much as half of the time since rehabilitation services and from 93 to 96 per cent of both groups had been unemployed less than one fourth of the time since case closure.

In regard to weekly wage at the time of the research interview, the differences between the two groups were minimal. Weekly wages were \$82 for the congenitally disabled and \$83 for those disabled by accident.

#### Social and Emotional Adjustments

The majority of the rehabilitants under consideration, whether disabled

at birth or by accident, made about equally satisfactory social and emotional adjustments. This is indicated by the following:

1. Less than 10 per cent of the rehabilitants in both groups expressed dissatisfaction with the kind of work they were doing on their main jobs.
2. Ninety per cent of both groups were getting along with other employees as well as or better than other persons who were working on the same jobs. This was evidenced by reports of 120 employers of these rehabilitants when they were interviewed by members of the research team.
3. Seventy per cent of both groups reported that social activities were very important in their lives and that they were not hampered by their disability in doing things socially.
4. Three fourths of both groups reported they were seldom or never restricted socially because of the attitudes of others toward their disability.
5. Eighty per cent of both groups received positive ratings from the research interviewers in regard to the extent and nature of their social and psychological involvement in their families and communities.

#### Education

A significantly larger percentage of the congenitally disabled, in comparison with the accident disabled group, at the time of application for rehabilitation services, had (a) completed ten or more grades in school, and (b) received high school diplomas.



What factors would likely influence the greater educational achievement of the congenitally disabled? Perhaps a larger percentage of the parents of the congenitally disabled wished them to remain in school because they were disabled. Perhaps a larger percentage of those with congenital disabilities, compared with the accident disabled, were motivated to complete their secondary education in order to compensate for their disabilities. Additional research is needed to determine the validity of these assumptions.

While all of the factors which influenced the greater educational achievement of the congenitally disabled are not known, it appears that very few of these rehabilitants were at a disadvantage in completing their secondary education because of the onset of their disabilities at the time of birth.

#### Occupational Status

At the time of application for rehabilitation services, a significantly larger percentage of the congenitally disabled indicated job aspirations in professional fields. At the time of the research interview significantly more of the congenitally disabled were employed in one of the professions. Factors which may have influenced more of the congenitally disabled, than the accident disabled, to become interested in and to obtain training in professional fields, include the following:

At the time of application for rehabilitation services, significantly more of the congenitally disabled (a) were still attending school, (b) were not married, (c) did not have dependents, (d) were living at home and were supported by their parents, and (e) were under age 30. Significantly more of the accident disabled (a) had been out of school for several years, (b) had one or more dependents, and (c) were age 30 or older, and were therefore less apt to select vocations requiring considerable academic training.

Health

There were no significant differences in the types of disabilities reported by the 80 rehabilitants disabled at birth and the 193 who were disabled by accident, although a few more of those disabled by accident had "absence of extremities" or "impairment of extremities" and more of those disabled at birth were classified as "deaf" or with "mental disabilities," as shown in Table IX.

Table IX

Disabilities of 193 Rehabilitants Disabled by Accident and 80 Disabled at Birth, Who Were Fully Employed at Research Interview

Disability	Disabled at Birth		Disabled by Accident	
	No.	Per Cent	No.	Per Cent
Absence of Extremities	10	13	44	23
Impairment of Extremities	21	26	62	32
Blind	10	13	29	15
Deaf	4	5	4	2
Mental Disabilities	10	12	2	1
Other Disabilities	25	31	50	26
Not Recorded	0	0	2	1
Total	80	100	193	100

As would be anticipated, inasmuch as both of the groups under consideration had been employed full time during the year prior to the research interview, most of them were in good health. At the time of the research interview less than 10 per cent of both groups under consideration were seeing a doctor as often as once every three months.

Summary

It may be of interest to the vocational counselor to know that the congenitally disabled rehabilitated client who remains fully employed after case closure adjusts as well vocationally and socially as the rehabilitated client disabled by accident many years after birth, who also remains fully

employed after case closure. This was indicated by a comparison of the vocational and social adjustments of the 60 congenitally disabled and the 193 accident disabled rehabilitants who were fully employed at the research interview. Both of these groups made similar adjustments in regard to (a) average weekly wages earned at the time of the research interview, (b) the degree of satisfaction received from the work they accomplished on their main jobs, (c) their ability to get along with other employees (d) the extent of their social activities (e) restrictions in social activities because of the attitudes of others toward their disabilities, and (f) social and psychological involvements in families and communities.

In the following areas, the congenitally disabled made more satisfactory adjustments: At the time of application for rehabilitation services, significantly more of the congenitally disabled (a) had completed ten or more grades in school, (b) were high school graduates, and (c) reported job aspirations in the professional fields. At the time of the research interview significantly more of the congenitally disabled were employed in one of the professions.

#### Amputations

Of the 112 amputees, eighty-four, or 75 per cent, had been rehabilitated by the divisions of vocational rehabilitation, and of these, approximately three fourths had amputations of a lower limb. Only two clients had multiple amputations. The other twenty-eight clients had either not received services from the divisions or had not completed the services and were classified as non-rehabilitants. Two thirds of these had amputations of a lower limb. In Table X is shown the employment status of the amputees at time of the research interview.



Table X

## Employment Status of Amputees at Time of Interview

Employment Status at Interview	Rehabilitants		Non-rehabilitants	
	No.	Per Cent	No.	Per Cent
Full-time Employed	54	64	13	46
Part-time Employed	15	18	4	14
Unemployed	7	8	5	18
Housewives	2	2	2	7
Retired	6	7	4	14
Total	84	99	28	99

## The Rehabilitant Amputee

General Statement

Approximately one fourth of the amputees had a previous closure at the state rehabilitation offices. This is explained by the fact that after the amputee has been closed rehabilitated he frequently returns to his counselor for modification of his prosthetic appliance. The case is reopened, services given when necessary, and the client very often returns again to his same job. The work stability of the amputee is demonstrated by the fact that forty-two per cent of the amputees had been working for the same employer since the completion of rehabilitation services.

When the amputees and all other rehabilitants were compared, it was found that significantly more of the former had never been unemployed since they had completed rehabilitation services. The average weekly salary for the fully employed males was \$82.26, which was seventy-two cents less than for all other fully employed rehabilitants. There was found to be an inverse relationship between age and employment. In other words, the full-time



employed amputee who had been rehabilitated was younger than either the part-time employed or the unemployed. However, the unemployed amputee group was older than the unemployed group of non-amputees.

### Health Factors

A more important factor than age would be the type and severity of the disability. The rehabilitant amputees were found to have fewer medical examinations and to have had less drug expenses during the year previous to the research interview. It was found that the amputation of a lower limb was much more common than the amputation of an upper limb. However, this alone did not differentiate adequately whether or not the client would be employable in the future. An additional factor which seems to be important is the origin of the disability. Although accident was the major cause of the disability, those clients whose disability was congenital and who were rehabilitants were, for the most part, found to be in full-time employment at time of research interview. Several explanations may be hypothesized for this fact: (1) they were younger when accepted for services, (2) they had a better education than the older worker, (3) it was not necessary for them to unlearn a vocation as was sometimes the case for the older worker, and (4) their self-image was fixed and had been for some time. The origin of the disability for the 106 amputees is shown in Table XI. Thus the amputee, when rehabilitated, has few health problems, his work adjustment is good, and he is treated on the job just the same as other employees.

Table XI

## Origin of Disability of 106 Amputees\*

Employment Status	<u>Congenital</u>				<u>Accident</u>				<u>Disease</u>			
	Rehab.		Non-rehab.		Rehab.		Non-rehab.		Rehab.		Non-rehab.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Full time	10	83	0	0	36	60	9	60	8	67	2	33
Part time	1	8	1	100	13	22	2	13	1	8	1	17
Unemployed	0	0	0	0	6	10	2	13	1	8	2	33
Retired	0	0	0	0	2	3	1	7	0	0	0	0
Housewife	1	8	0	0	3	5	1	7	2	16	1	17
Total	12	99	1	100	60	100	15	100	12	99	6	100

\* The origin of disability was not recorded in the case records for six clients.

Social and Emotional Factors

It was found that there was a higher divorce rate for the amputee rehabilitants than any other group studied. At the time of application for services at the division of vocational rehabilitation offices, one per cent of the amputees were divorced, whereas 3-10 years later 12 per cent were found to be divorced. The greatest divorce rate was found in the fully employed amputees. The divorce rate for all other rehabilitated clients in the large study cited above was constant at 6 per cent over the same period of years. Further studies are required to investigate factors associated with this high divorce rate.

Summary

When the fully employed amputee rehabilitants (54) were compared with all other fully employed rehabilitants (409), the following facts were found with the respective coefficients of contingency: more of the amputees were

married at acceptance ( $C = .09$ ); more had had previous closure ( $C = .16$ ); more were self-referred ( $C = .17$ ); more had dependents at acceptance ( $C = .14$ ); more had had substantial employment before acceptance ( $C = .12$ ) and more of the amputees had been disabled by accidents ( $C = .22$ ). At the time of the research interview, three to ten years later, more were found to be divorced ( $C = .14$ ); and more had had no medical examinations during the year prior to the interview ( $C = .10$ ).

The vocational counselor should be aware of the feelings of the amputee about the reactions of other people towards his disability. The self-image of the client should and must be greatly strengthened while he is in the process of being rehabilitated if success is to be achieved from a social standpoint. Furthermore, social prejudice toward one with a physical defect may tend to operate at a disadvantage to the amputee's relationship with the family, his having been deprived of the satisfaction of the psychogenic desires of acceptance and belongingness.

#### The Non-rehabilitant Amputee

##### General Statement

Although accidents were found to be the origin of the disability for more than half of the non-rehabilitant amputees, disease as the origin of the disability was more prevalent than was found with the rehabilitated amputee client. Twenty of the twenty-eight clients never received services from the vocational rehabilitation offices. The following is a description of the different types of non-rehabilitants:

**Retired:** The two non-rehabilitated clients who at interview were found to be retired were 73 and 74 years of age and their source of income was from Social Security. Both had married, one was now widowed and was



living with friends. They had spent no money during the previous year for drugs, doctors, or hospitals and appeared to be in good health. The agency had not accepted them for rehabilitation because of their advanced age, both being over sixty-five at time of application.

Housewives: The four women who were classified as housewives at the time of the research interview were all married and living with their spouses. One of them was receiving Social Security. All had amputations of the lower limbs and were apparently making satisfactory adjustment in the home. At time of application two of the women were married and financially were not eligible for services. Contact was lost with the other two whose cases were closed by the agency as "not interested."

Unemployed: All five of the clients who were unemployed at the time of the research interview were in poor physical condition and had other disabilities in addition to their amputations, such as disablements from the result of polio or arthritis. Three of these individuals were single and had never married, the other two were divorced. Two of the five had been rejected for rehabilitation services because of the severity of their disablements, two had not been interested in the services and one was classified as not in financial need. The average age of these clients was 35 years.

Part-time Employed: One of the four males who was employed part time was delivering papers. This individual was 45 years of age, of low intelligence, and had multiple amputations. The other three were in seasonal employment; one was a logger, another in the Forest Service and the third, an oiler in lumber camps. None was living alone, and the average age was 42 years.



Full-time Employed: The thirteen amputees who were employed full time when the research interview was conducted reported satisfactory adjustments in the following jobs: coal mining, janitorial services, auto parts man, flour mill worker, mechanic, welder, butcher, cook, cat operator, and orthopedic technician. They were, in the main, not interested in vocational rehabilitation and because of their satisfactory work before application, little or no service was given to them by the division vocational rehabilitation offices. The average age of this group was 30 years.

### Summary

It would thus appear that the non-rehabilitants form two groups, one having too great a disability to be rehabilitated and the other comprising those who could and were able to rehabilitate themselves. This type of dichotomy is comparatively simple for the counselor to make in regard to the amputee.

### Conclusions

1. It would seem that the personnel of the divisions of vocational rehabilitation are able to distinguish those amputees who need their services and those who are well able to help themselves.
2. The fully employed amputee earned as much as other rehabilitants.
3. The amputees were in better physical health than other rehabilitants. This was indicated by the fact that a significantly higher percentage of them reported that accidents rather than disease had been the origin of their disability.

4. Of the twelve rehabilitants with congenital disabilities, eleven were employed full time and one was employed part time when the research interview was conducted.
5. There was a much higher divorce rate among the amputee rehabilitants than among the other rehabilitants, which requires further investigation.

### The Aurally Disabled Client

#### General Statement

The number of aurally disabled clients applying for services at the vocational rehabilitation offices was the least of all the seven major disability categories (see Appendix II, page 91). There were 58 rehabilitants and 11 non-rehabilitants studied and when interviewed by the research team there were only two rehabilitants and two non-rehabilitants found to be unemployed (see Table XII).

Table XII

The Employment at Research Interview of 69 Clients  
With Aural Disabilities

Employment Status at Interview	Rehabilitants		Non-rehabilitants	
	No.	Per Cent	No.	Per Cent
Full-time Employed	30	52	4	36
Part-time Employed	13	22	3	27
Unemployed	2	3	2	18
Retired	1	2	0	0
Housewives	12	21	2	18
Total	58	100	11	99

There was only one client who was found to be retired at interview. More than half of the rehabilitants had been disabled before they reached the age of 10 and one third of these had been disabled since birth, the average age of the rehabilitants at acceptance being 35 years. Over two thirds of the rehabilitants had at least a high school education and only four of this group were on public welfare assistance at time of application for services. Also, at time of application 26 of the rehabilitants were single and three to ten years later this number had been reduced to 13.

Seventy per cent of the fully employed rehabilitants stated at the time of research interview they had had some encouragement from their family members in the use of rehabilitation services. Only two of the rehabilitants had been referred to vocational rehabilitation offices by physicians, which would indicate that either the deaf do not go to their physician for help or that the physician is not too well aware of the services offered by divisions of vocational rehabilitation. In each of the states studied there is a school for the deaf which is periodically visited by a rehabilitation counselor, and where the aurally disabled child learns about the rehabilitation program. This would in part account for approximately one fourth of the rehabilitants being referred by schools.

When the families of the rehabilitants were asked if the client was unable to do things socially because of his disability, 67 per cent replied "often" or "occasionally." However, less than half of the families said that the client hesitated to do some things he would like to do because of the attitude of other people towards his disability. Seventy per cent of the rehabilitants stated that their average monthly medical expenses during the past year was less than \$4.00. More than half of the full-time or



part-time rehabilitants were employed at skilled or semi-skilled work. In several instances the employer stated that he would rather employ an aurally disabled man than one with no hearing loss.

### Summary

The aurally disabled client may in many instances be rehabilitated, mostly by using some type of hearing aid or by the training for some type of work where the hearing loss is not detrimental. Often such types of cases are misnamed "easy" cases, but the counselor should be aware that not only must the client work but he must also live approximately two thirds of his day away from work. Even though he may produce adequately at his work, the rehabilitation process should also take into account how the client is to accept his disability for both the assets and the liabilities. This presents a challenge to the skilled counselor to help the client adjust his attitudes and self-image with respect to his leisure time as well as his working time.

### Cardiac Disablements

#### General Statement

As recorded in Table IV, page 12, those clients with cardiac disabilities form the highest single disablement in the category of miscellaneous disablements. Approximately one third of the rehabilitants were referred by the public schools and 84 per cent were under 30 years of age. Only two of the rehabilitants were found to be unemployed at time of research interview, and these two stated they were not working because of the severity of their disability.

Although 14 of the clients had been receiving public assistance at time of application for services, none of the rehabilitants was found to be



receiving public assistance when he was interviewed. More than half of the full-time employed rehabilitants at time of research interview were in professional, skilled or clerical sales positions. Five clients who were fully employed were dissatisfied with their job but approximately 50 per cent of those fully employed had been on the same job since closure. The employment of the cardiac clients at time of research interview is shown in Table XIII.

Table XIII

The Employment at Research Interview of 99 Clients  
With Heart Disabilities

Employment Status at Interview	Rehabilitants		Non-rehabilitants	
	No.	Per Cent	No.	Per Cent
Full-time Employed	50	72	11	37
Part-time Employed	11	16	5	17
Unemployed	2	3	7	23
Retired	0	0	0	0
Housewife	6	9	7	23
Total	69	100	30	100

Two case studies in the group of cardiac disablements are presented to demonstrate the potentials of results of vocational rehabilitation services.

Rehabilitant with Cardiac Disability

The diagnosis in the case of Mr. X was rheumatic heart disease with mitral stenosis. At acceptance he was about 20 years of age, living in an urban community, and his major source of income was from his family. He had worked at part-time employment, and attended college for about three years.

The client had been disabled at about age 12. After referral to the

Division of Vocational Rehabilitation by a member of the staff, he was helped to complete his college education, using services for about one year and obtaining a degree in his chosen field. At closure his weekly income was \$62 and at interview it was \$112 per week. He married and at the time of interview had one child.

His job, which was in the professional category, required minimal physical activity and he had been contributing a valuable service. His employer said he had developed some special techniques in the department, and he was engaged in teaching others these new methods. His employer noted also that he was absent less than other employees; he was rated superior in "getting along" with people; and in comparison with other employees, his opportunity for advancement was rated "better than" others.

#### Non-rehabilitant with Cardiac Disability

Miss A was about seventeen years of age when referred to Vocational Rehabilitation by a relative. She was living in an urban area; her family provided her major source of income; and she was becoming disinterested in her high school studies. Her diagnosis was "cardiac impairment." The record shows that Miss A did not want rehabilitation services and that she was "not interested."

The Minnesota Multiphasic Personality Inventory was normal in all categories with the exception of the hysteria scale; however, such symptoms may be general systemic complaints sometimes noted in patients with heart disease.

At interview, eight years later, the client was found to be happily married with three children. She and her husband owned their own home. The client stated that she still had medical care for her heart condition,

seeing her doctor about every three months. Payment for these services was made by her husband. At the time of interview the hysteria scale was normal, but deviation was noted in the psychasthenia scale; this was manifested by compulsive behavior in the household. Otherwise, social and emotional adjustment was good.

### Summary

Thus it would appear that the cardiac client when contacted early in life by the Division of Vocational Rehabilitation is a good potential for rehabilitation. He may receive services and training which will equip him to perform work which is not only beneficial to himself but to society. The types of jobs which the cardiac client is not frequently able to do are found in the professional, skilled or clerical sales categories.

### Progressive and Permanent Disabilities

#### Reasons for Satisfactory Adjustments

The vocational and social adjustments made between case closure and the research interview, an average of seven years, were compared for (a) 68 rehabilitated clients with slowly progressive disabilities and (b) 413 rehabilitants with permanent disabilities. A significantly larger percentage of the clients with permanent disabilities made more satisfactory adjustments. More of the clients with permanent disabilities, significant at the five per cent level of confidence:

1. Were employed full time during the year prior to the research interview.
2. Earned \$75 per week or more at the time of the research interview.
3. Had been employed all of the time since the completion of



rehabilitation services.

4. Had obtained high school certificates.

5. Considered social activities important in their lives.

Significantly more of those with slowly progressive disabilities, in comparison to the permanently disabled:

1. Were receiving public assistance at the time of application for rehabilitation services.

2. Were divorced or separated at the time of the research interview.

3. Had been employed only part time during the year prior to the research interview.

4. Had completed less than ten grades in school when they made application for rehabilitation services.

#### Reasons for Less Satisfactory Adjustments

Poor health appeared to be a major factor in the less satisfactory vocational adjustments of the clients with slowly progressive disabilities inasmuch as significantly more of these rehabilitants, in comparison to those with permanent disabilities (a) had received medical care during the three months prior to the research interview, and (b) believed poor health had been a major factor in whatever unemployment they had experienced since rehabilitation services.

Age was another factor in the less satisfactory vocational adjustments of those with slowly progressive disabilities. More were over age 40 at the time of application for rehabilitation services, or 48 per cent compared to 26 per cent for those with permanent disabilities. The mean age at disablement for those with slowly progressive disabilities was 29 years



compared to only 11 years for those with permanent disabilities.

### Summary

Agencies concerned with the vocational rehabilitation of the handicapped should consider providing more intensive services during the rehabilitation process and more frequent follow-up after case closure, for clients with progressive disabilities, in comparison to those with permanent disabilities, if they expect the former group to maintain about equal social and vocational adjustments after the successful completion of rehabilitation services.

### Mental Disabilities

#### General Statement

Do clients of state divisions of vocational rehabilitation who have mental disabilities adjust as well vocationally and socially, after the successful completion of rehabilitation services, as clients with non-mental disabilities? In order to answer this question the vocational and social adjustments were determined and compared for 58 rehabilitants with mental disabilities and 651 with non-mental disabilities. One hundred and ten housewives and 16 retired rehabilitants were not included in this section of the study. A comparison was then made of the adjustments to commercial employment for the two groups under consideration.

The 58 rehabilitants with mental disabilities were classified as follows: diseases of the mental and central nervous system (28 per cent), epilepsy (26 per cent), psychosis (19 per cent), psychoneurosis (14 per cent), mental deficiency (10 per cent), and psychopathic personality (3 per cent).

### Comparison of Mental and Non-mental Rehabilitants

At the time of the research interview, three to ten years after the successful completion of rehabilitation services, a significantly larger percentage of the 58 rehabilitants with mental disabilities, in comparison to the 651 rehabilitants with non-mental disabilities, had made less satisfactory vocational and social adjustments. Significantly more of the rehabilitants with mental disabilities (at the five per cent level of confidence):

1. Had been unemployed during the year previous to research interview. (See Table XIV).
2. Had been unemployed most of the time since case closure.
3. Were divorced or separated.
4. Were single.
5. Were living with parents.
6. Reported that social activities were of little or no importance in their lives.

Table XIV

Employment at Research Interview of 709 Rehabilitants  
Classified According to Mental or Non-mental Disabilities

Employment Status at Research Interview	Rehabilitants With Mental Disabilities		Rehabilitants with Non-mental Disabilities	
	No.	Per Cent	No.	Per Cent
Full-time Employed	24	41	439	67
Part-time Employed	14	24	143	22
Unemployed	20	34	69	11
Total	58	99	651	100

When the interviewers rated the clients on the clinical schedules,

significantly smaller percentages of the rehabilitants with mental disabilities, in comparison to those with non-mental disabilities, made good adjustments to their families, in their communities, and to their jobs.

#### Reasons for Less Satisfactory Adjustments

Ill health appeared to be the major factor in the less satisfactory vocational and social adjustments made by the rehabilitants with mental disabilities. At the time of the research interview, significantly more of those with mental disabilities, in comparison to rehabilitants with non-mental disabilities:

1. Were receiving medical care every three months, or more often.
2. Reported that ill health had been the major reasons for whatever unemployment they had experienced since the completion of rehabilitation services.

#### Non-influential Factors

It is of interest that there were no major differences between the rehabilitants with mental disabilities and those with non-mental disabilities in the following, indicating that these factors very likely had little influence upon their vocational and social adjustments:

1. Average age at the time of application for rehabilitation services (31 years for each group).
2. Educational achievement prior to case closure (10.2 grades for each group).
3. Major source of income at the time of application for rehabilitation services in respect to wages or subsistence from family or from public welfare.



4. Work record prior to application for rehabilitation services in respect to the percentage reporting substantial, unsubstantial or no previous employment.

#### Implications for the Vocational Counselor

The client with mental disabilities should be thought of as an individual, in many cases, able to function successfully in society. In examining the 58 rehabilitants with mental disabilities it was found that:

1. Forty-one per cent were employed full time and one fourth were employed part time during the year prior to the research interview. One fourth were earning \$75 or more per week.
2. One third reported they had never been unemployed since case closure, a period of from three to ten years.
3. Fifteen per cent were employed in the professional or skilled fields.
4. One half considered social activities important in their lives.
5. One third participated in social activities at least once a week.

The interviewers rated the rehabilitants with mental disabilities, at the time of the research interview, as follows:

1. One half were making healthy, close, and sharing relationships in their families.
2. One fourth were making good community adjustments.
3. Of those who were employed, more than one half were



making good physical, social, and psychological adjustments in their jobs.

Inasmuch as there is liklihood that significantly more of the clients with mental disabilities will experience considerable unemployment after the successful completion of rehabilitation services, in comparison to the clients with non-mental disabilities, it is recommended that a large percentage of those with mental disabilities be provided intensive counseling, vocational training, and social, psychological and psychiatric service. Also, a larger percentage of the rehabilitants with mental disabilities may need follow-up services after case closure than is considered necessary for those with non-mental disabilities.

### Visual Impairments

#### General Statement

In general a legally blind individual means:

"An individual whose actual visual acuity does not exceed 20/200 in the better eye with correcting lenses or whose visual acuity is greater than 20/200 but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees; or who has other eye conditions which render vision equally defective.<sup>1</sup>

Of the total 154 clients who had visual impairments 62 of these were legally blind rehabilitants and 41 were legally blind non-rehabilitants.

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<sup>1</sup>The Public Welfare Act: Revised Codes of Montana Department of Public Welfare, Helena, Montana, 1957, p. 57.

Table XV

Employment at Research Interview of 154 Clients With  
Visual Defects

Employment Status at Interview	Rehabilitants		Non-rehabilitants	
	No.	Per Cent	No.	Per Cent
Full-time Employed	45	45	11	21
Part-time Employed	16	16	9	17
Unemployed	17	17	18	34
Retired	7	7	8	15
Housewife	16	16	7	13
Total	101	101	53	100

In the state of Montana the blind program is directly under the jurisdiction of the State Department of Public Welfare, where clients are accepted for services who have a medical report stating that they will become blind in the near future even though they have their sight at the present time. If the client is a housewife, she is sent to a summer school where she is taught the duties of a housewife in the event of the onset of blindness. This procedure in part accounts for the high percentage of rehabilitated housewives listed in Table XV.

The client with visual impairments in general waits longer after the first signs of disablement for services than other clients. Psychologically the client feels that perhaps the vision will improve and delays the time before seeking help. In some cases the client is not psychologically ready to receive help, which is a challenge to the counselor as to the best way to proceed with the case.

#### Vocational Adjustment

There was found to be a direct relationship between age, education

and employment status. The fully employed rehabilitants were younger and half of them were high school graduates, whereas only 12 per cent of the unemployed rehabilitants were high school graduates. Only one rehabilitant was dissatisfied with his job and 64 per cent of the fully employed rehabilitants had worked for the same employer since completion of rehabilitation services. This would indicate good job stability. When the rehabilitation plan under which the client received services was a jointly determined plan between the counselor and the client, a higher percentage of the rehabilitants were found to be fully employed. Health was found to be a factor in the unemployment of the rehabilitants; 65 per cent of the unemployed rehabilitants gave poor health as the main reason for their unemployment. Sixty-seven per cent of the fully employed, however, received no medical care during the year prior to the research interview.

#### Social and Emotional Adjustment

The visually impaired clients had a much lower divorce rate between case closure and the research interview, than those with other types of disabilities. This may stem from the fact that the spouse of the blind client very often is needed for the client to function socially. Twenty per cent of the full-time employed and 31 per cent of the part-time employed rehabilitants stated they received no encouragement from spouse, parents or in-laws in the use of rehabilitation services which would indicate the need for more contact with the clients' immediate family.

#### Clinical Judgments

The clinical judgments of the research interviewers indicated that the family structure of the visual impaired clients was good, their involvement in their jobs was good, but their involvement in the community was not so



satisfactory. These findings indicate that the spouse is a great asset to the client with impaired vision; the disability is overt and sympathetic responses are given to the blind individual by the general public. However, once the client is in a job he must put forth extra effort to make up for the loss or partial loss of one of his senses and if he is working at a job which is satisfying to him, will produce as much as or more than other employees. Two case studies are presented of clients with visual impairment to indicate their feelings towards their disability.

#### Rehabilitant with Total Blindness

This female rehabilitant, Mrs. X, was 35 years of age when referred to the Division of Vocational Rehabilitation with a diagnosis of being blind in both eyes. She was living with her non-disabled husband in an urban county and had had a substantial employment history, though at the time of referral her major income source was from public welfare. She had been permanently disabled since birth and attended school for approximately eleven years. She was on the rehabilitation program for a little over three years, and was closed as regularly employed in a skilled job, earning between \$25 and \$49 per week. The cost of services for her was less than \$250.

At interview, seven years later, she, her husband, and one child were found to be renting a single residence. She was active in community and family affairs and only occasionally was unable to do things socially because of her disability. She had plans of attending college and at research interview was employed as a home teacher for the blind on a full-time basis earning \$62 per week. She had been employed in this job for about five years. She had never been unemployed since completion of services, had



changed her job only once. She said she was in good health, had no medical expenses since her rehabilitation, nor had she missed work because of her health or blindness. She reported she had no clear idea of rehabilitation before application for services and did not have any great desire to use them. She, however, did have considerable family encouragement and they were very much aware of her rehabilitation plans. The interviewer felt she had made a very positive adjustment toward her rehabilitation, her job, her family, and her community and mentioned she had established an "empathy with other blind" and was "very positive in her total outlook on life."

#### Non-rehabilitant with Visual Impairment

This male non-rehabilitant was 35 years old, on public welfare when referred by the vocational rehabilitation counselor. He had a wife and two children, lived in an urban county, and had about eight years of schooling. The corneas of his eyes were peppered with sand during a mine explosion a few years before application and the damage was permanent. Previous to his disability he had a substantial employment history. He had three personal interviews with the counselor and was accepted for services. Later, before a training plan was made, he stated he did not want services and was closed as a non-rehabilitant.

At interview, seven years later, he had been unemployed most of the time since closure and had held no main job. He gave "blindness" as the reason for his unemployment. He wanted a corneal transplant or training for a job which would enable him to become self-supporting. "The only jobs offered, such as a vending stand, would mean continued supervision." He said he had some family encouragement in the use of services, but he showed little interest in his community. His spouse, who was his major source of

income, thought that social activities were of little importance in the client's life. She also thought the rehabilitation personnel did not follow-up the services offered and that rehabilitation came too soon after client's onset of disability.

### Welfare Recipients

#### General Statement

It pays to rehabilitate persons who are receiving public assistance at the time they make application for rehabilitation services. Of the 835 rehabilitated clients in this study, 129 were receiving public assistance when they made application for rehabilitation services, and when they were interviewed by members of the research team, three to ten years after the successful completion of rehabilitation services, only 12 per cent (16 rehabilitants) had returned to public assistance rolls. (See Table XVI).

Table XVI

#### Employment Status of Rehabilitants Receiving Public Assistance at Application and at Research Interview

Employment Status During Year Prior to Research Interview	Receiving Public Assistance at Appli- cation		Receiving Public Assist- ance at Interview	
	No.	Per Cent	No.	Per Cent *
Full-time Employed	54	42	0	0
Part-time Employed	22	17	0	0
Unemployed	27	21	11	8
Retired	7	5	2	2
Housewife	19	15	3	2
Total	129	100	16	12

\*This percentage is based on the 129 clients receiving public assistance at time of application.

### Comparative Vocational Adjustments

The rehabilitated clients under consideration who were not receiving public assistance at the time of application for rehabilitation services made more satisfactory vocational adjustment after case closure than the clients who were receiving public assistance at application. A larger percentage of the clients who had not been receiving public assistance at application for rehabilitation services at the time of research interview:<sup>2</sup>

1. Were earning \$75 or more per week (49 per cent compared to 30 per cent for the welfare recipients).
2. Were earning an average weekly wage of \$66 compared to \$49 for the welfare recipients.
3. Were employed in the professional field (12 per cent compared to 4 per cent for the welfare recipients).

At the time of the research interview significantly more of those who had been welfare recipients at application for services were employed in unskilled jobs (18 per cent compared to 8 per cent) and had been unemployed during the year prior to the research interview. (See Table XVII).

Table XVII

Rehabilitated Clients Who Were Receiving or Not Receiving Public Assistance at Application for Services Distributed by Employment Status at Research Interview

Employment Status at Research Interview	Receiving Public Relief at Application		Not Receiving Public Relief at Application	
	No.	Per Cent	No.	Per Cent
Full-time Employed*	54	52	409	67
Part-time Employed	22	21	135	22
Unemployed*	27	26	62	10
Total	103	99	606	99

\*Differences between rehabilitants who received relief and did not receive relief were significant at the five per cent level of confidence.

<sup>2</sup> Those classified as housewives or retired at research interview were excluded from the groups discussed here in order to limit comparisons to those still in the labor market.



Age

Perhaps one of the reasons for the less satisfactory vocational adjustments of a significantly greater percentage of those receiving public assistance at application is that many of those who had been receiving public welfare assistance were considerably older at the time of application for services. While 45 per cent of the welfare recipients were age 40 or older at application, only 25 per cent of the non-welfare recipients were in this age category, and the mean age for the welfare recipients was 39 years compared to 31 years for the non-welfare recipients.

Rehabilitated and Non-rehabilitated Welfare RecipientsGeneral Statement

Vocational adjustments, after case closure, were compared for 103 rehabilitated persons who were receiving public assistance at application, and 80 persons who were also receiving public assistance at application but were not rehabilitated. A significantly larger percentage of the rehabilitated clients maintained more satisfactory vocational adjustments, This is indicated by the following:

1. Fifty-two per cent of the rehabilitated clients under consideration had been employed full time during the year prior to the research interview, compared to 18 per cent of the non-rehabilitated groups.
2. Only 26 per cent of the rehabilitated clients had been unemployed during the year prior to the research interview compared to 66 per cent of the non-rehabilitated clients.

3. Only 11 per cent of the rehabilitated clients under consideration were receiving public assistance at the time of the research interview compared to 28 per cent of the non-rehabilitated group.

It is of interest that in several other areas, in addition to vocational adjustments, a significantly larger percentage of the rehabilitated group under consideration made more satisfactory adjustments than the non-rehabilitated group. For example, at time of research interview:

1. Sixty-six per cent of the rehabilitated clients were living with spouse or with spouse and children; only 44 per cent of the non-rehabilitated group were in **this** category.
2. Fourteen per cent of the rehabilitated group were living alone compared to 28 per cent of the non-rehabilitated in this category.
3. Thirty per cent of the rehabilitated clients who were employed were working in the professional or skilled fields compared to only 8 per cent of the non-rehabilitated group.
4. Only 18 per cent of the rehabilitated clients were employed in the unskilled fields compared to 42 per cent of the non-rehabilitated group.
5. Significantly more of the non-rehabilitated group were single, when compared to the rehabilitated clients, or 30 per cent and 9 per cent respectively.

### Reasons for Greater Success

Perhaps some of the reasons for the more successful adjustments of the rehabilitated clients under consideration, in comparison to the non-rehabilitated clients, is that more of the rehabilitated clients (a) were provided extensive services by the state divisions of vocational rehabilitation, (b) were under age 40 at the time of application for rehabilitation services (55 per cent compared to 34 per cent of the non-rehabilitated clients), and (c) that more of the rehabilitated group had less serious health problems.

### Implications for the Rehabilitation Counselor

The successful rehabilitation of clients referred to state divisions of vocational rehabilitation who are receiving public assistance at application, results in great savings for the taxpayer. This is indicated by the large percentage of the 129 rehabilitants who were receiving public assistance at application, and who remained off the relief rolls during the period between case closure and the research interview. This conclusion is reached despite the fact that significantly more of those receiving public assistance, at application, when compared to those not receiving public assistance at application, failed to maintain full employment after they were successfully rehabilitated.



## CHAPTER VI

### SUMMARY AND CONCLUSIONS

#### General

The study consisted of interviewing 1205 clients of the divisions of vocational rehabilitation in Utah, Montana and Wyoming, whose cases had been closed between the years 1949-54 inclusive. These clients were interviewed during the years 1957-59 inclusive, and in addition, 925 family members and 281 employers were also interviewed. There were 835 rehabilitants and 370 non-rehabilitants in the study.

Since only 23 clients refused to be interviewed, and since the clients interviewed were in general very cooperative towards the interviewers, it may be concluded that the personnel in the divisions of vocational rehabilitation have had very good rapport with their clients. However, three fourths of the non-rehabilitants had no clear idea of the available services when they contacted the offices of vocational rehabilitation, and furthermore, only 18 individuals of the 1205 clients interviewed gained their information through radio, television or literature, and newspapers. The implications in these facts are first, referring agencies are not sufficiently well-informed concerning the broad program of vocational rehabilitation and second, the the rehabilitation agencies themselves are not informing the general public regarding their services. In the three states studied 1.5 individuals per 1000 population contacted the divisions of rehabilitation, which is too few since the best estimates at the present time would indicate that many, many more individuals could profit from the services of divisions of vocational rehabilitation.

At the time of research interview 87 per cent of the rehabilitants were employed, two per cent were retired and 11 per cent were unemployed. This is a very good record and substantiates the premise that it pays to rehabilitate the handicapped. In other words, the rehabilitated remain rehabilitated.

#### Vocational Factors

Only 11 per cent of rehabilitants were unemployed at research interview in comparison to more than one third of the non-rehabilitants who were unemployed. Approximately three fourths of the rehabilitants were wage earners with an additional 13 per cent housewives. The rehabilitants were in general younger, better educated and had better health than the non-rehabilitants.

The employers of the rehabilitants stated that the quality and quantity of their work was the same as or better than that of their other employees and that they had less absenteeism than their other employees. It may be concluded that the services and training given by the divisions of vocational rehabilitation aided the rehabilitants in their work. The clients most apt to maintain full employment after case closure were found to have expressed job aspirations in one of the professions, were under 30 years of age, were high school graduates, had completed some vocational training during the rehabilitation process, and had few major health problems. Thus it is possible to estimate with a fair degree of accuracy the future vocational adjustment of the rehabilitants.

#### Social Factors

At the time of the research interview significantly more of the fully employed rehabilitants, in comparison to the unemployed, were making better

social, family and community adjustments. However, more than half of the rehabilitants were uninvolved in community life and even in family relationships. There were differences between groups as illustrated by the fact that the blind clients were found to have a low divorce rate whereas amputee clients had a high divorce rate -- twice that of all other rehabilitants.

The benefits which result from successful rehabilitation should be more than the financial gain to the client and the community from employment. More counseling services are needed to prepare the client to function adequately in the family and in the community in addition to job training.

#### Emotional Factors

When the clients were asked if it was permissible to interview a family member, 23 per cent of the clients said no. Again, when those clients whose employers knew that they had had contact with divisions of vocational rehabilitation were asked if their employers might be interviewed, 22 per cent said no. There may be some feelings of the client that the services of vocational rehabilitation may be somewhat charitable, which is contrary to the edict of helping people help themselves.

There was a general indication that those full-time employed rehabilitants received more encouragement from family members in the use of rehabilitation services than the part-time or unemployed rehabilitants. However, too large a number of clients in all employment categories did not receive any encouragement from family members.

Furthermore, the interviewers' clinical judgments of the mental clients were not so good as those of non-mental clients. Clients with emotional problems need more and perhaps a different counseling with a broader orientation than vocational, which might increase the employability of clients having mental disabilities.



### Congenital and Accidental Disabilities

The rehabilitants with congenital disablements, who were employed full time at the research interview, did as well in their vocational and social adjustments as those who were disabled by accident. At the time of the research interview, more of the congenitally disabled, when compared with the accident disabled, were employed in one of the professions.

### Amputations

The amputee was found to be very often in good physical health. In general, when an amputee is fitted with a prosthetic appliance, he later returns to the vocational rehabilitation office for modification of his prosthesis. All of these clients who had a congenital absence of a limb were found to be employed at time of interview. However, the divorce rate of the amputee was found to be higher than that of any other group of rehabilitants.

The traumatic experience of losing a limb is great. The self-image of the individual has been partially destroyed, and the counselor should be made aware of possible marital discord, and attempt to lessen the high potential divorce rate with the amputee.

### The Aurally Disabled Client

Approximately two thirds of the rehabilitants were unable to do things socially because of their disability. Only two of the rehabilitants of this group were found to be unemployed at the time of research interview. More work is required by the counselor not only to equip this type of client vocationally but also to establish closer coordination with the agencies in the community.

### The Cardiac Disabled Client

Most of the cardiac disabled clients were found to be referred by public schools. Although 14 of the rehabilitants were receiving public assistance at time of referral, none was found to be in this category at time of research interview. Only two of the rehabilitants were unemployed at time of research interview.

The cardiac client when contacted early may be trained for jobs in the professional, skilled and clerical sales categories, jobs which he is able to do without interference from his health condition. The cardiac rehabilitant thus, in general, remains rehabilitated.

### Progressive and Permanent Disabilities

Significantly more of the rehabilitants with progressive disabilities, in comparison to those with permanent disabilities, failed to maintain full employment after case closure. Health was the main stated factor for unemployment. Contact with the client within 90 days after case closure is too short a time for those with progressive disabilities. Perhaps they should be contacted up to 12 months after closure and further services given if thought to be beneficial to the client and society.

### Mental Disabilities

Forty-one per cent of the rehabilitants were employed full time and one fourth were employed part time during the year prior to research interview. However, only about half of the mental rehabilitants were making healthy, close and sharing relationships with their families. The rehabilitation of the mentally disabled client perhaps takes more time, more skill, and more money than is required for other clients, but it still pays to rehabilitate this type of disabled client. The emotional factors are very important in

the rehabilitation process of the mentally disabled and psychiatric services should be available when needed.

### The Visually Impaired Client

Programs are in existence which help the potentially blind housewife to obtain training whereby she will be able to function adequately when she becomes blind. These programs should be augmented. Many of the blind clients reported that they received no encouragement from the spouse, parents or in-laws in the use of rehabilitation services. The members of the family should be involved in the rehabilitation process for the most successful results.

### Welfare Recipients

Of the 129 rehabilitants receiving public assistance at time of application, only 16 were receiving public assistance at time of research interview three to ten years later. This is a reduction of 88 per cent. These clients were taken off public relief rolls. Only 11 per cent of the 129 rehabilitants were unemployed at time of research interview. It pays to work with the welfare client and the cost to rehabilitate these clients is very small compared with what they will pay back in federal and state taxes and in general contributions to society. Furthermore, there is built up within the client a self-sufficiency which is a morale builder to the client and his family. This type of service should be increased by divisions of vocational rehabilitation.

### General Conclusions

1. This study has affirmed the principle of rehabilitation -- that people with disablements can learn to work and live as productive members



of society. Most of those who participated in rehabilitation training programs in Utah, Montana and Wyoming were found to be employed, self-sustaining, and well adjusted members of the communities in which they resided.

2. Vocationally, it was ascertained that the majority of the rehabilitants were successfully employed when interviewed three to ten years after their cases had been closed. Their employers had positive attitudes toward them and their records show that they produce as much or more than other employees.

3. It is evident that the more education an applicant for rehabilitation has, the better are his chances for successful rehabilitation.

4. The study shows that strong family ties and solidarity are conducive to effective rehabilitation of the handicapped. Emotional support and positive feelings of family members seem to be very helpful in the rehabilitation process.

5. Persons with minor disablements and health problems get along better, as would be expected, than those with severe or progressive disablements.

6. Apparently, disabled persons in urban and rural areas take advantage of vocational rehabilitation programs to about the same degree.

7. With 74 per cent of the rehabilitants employed at time of research interview (excluding the housewives) earning a median monthly wage of \$312.08, when the median cost of services to rehabilitate a client was only \$259.64, there is no doubt that it pays to rehabilitate the handicapped. The return of the unemployed to employment gives self-sufficiency not only to the individual, his family, his community, but also to the nation. This

study reaffirms the substantial contributions of the divisions of vocational rehabilitation in helping the handicapped.

## CHAPTER VII

### RECOMMENDATIONS

#### Application of the Findings

1. It is recommended that rehabilitation personnel classify their clients into two groups during the rehabilitation process: (a) those who will likely remain fully employed after case closure, and (b) those who may experience considerable unemployment after case closure. Consideration should be given to providing more extensive rehabilitation services for the clients most likely to experience unemployment. The clients most likely to experience considerable unemployment after the successful completion of rehabilitation services include those who, at the time of application for services,

- (1) Are receiving public assistance.
- (2) Have job aspirations in the unskilled field.
- (3) Have completed less than ten grades in school.
- (4) Have not received training in a college or university.
- (5) Have no vocational training during the rehabilitation process.
- (6) Are age 40 or older.
- (7) Have more serious health problems than the average client.

2. State divisions of vocational rehabilitation should consider providing more intensive services during the rehabilitation process and follow-up after case closure for clients with progressive disabilities, in comparison to those with permanent disabilities, if they expect the former group to



do as well vocationally after case closure.

3. It is recommended that a larger percentage of the clients with mental disabilities, than of those with non-mental disabilities, be provided with intensive counseling, vocational training, and social, psychological and psychiatric services. This recommendation is based upon the finding that a larger percentage of the rehabilitants with mental disabilities fail to maintain full employment after case closure.

4. It is recommended that some of the persons receiving public assistance at the time of application for rehabilitation services be provided more intensive services than is generally considered necessary for the average client, inasmuch as significantly more of those receiving public assistance may experience unemployment after case closure.

5. Close coordination of services between state divisions of vocational rehabilitation and county departments of public welfare should be continued and strengthened, and additional efforts should be made to rehabilitate those receiving public assistance. This recommendation is based upon the findings that it pays to rehabilitate those clients referred by public welfare departments.

6. Since the general public is not well informed about vocational rehabilitation, it is recommended that the state agencies utilize much more the facilities of radio and television, use the public press to more advantage and circulate in the community the materials received from the Office of Vocational Rehabilitation in Washington, D. C., and other pertinent materials.

7. In the rural localities of the intermountain states, the clients in the main indicated that the medical care in their community was inadequate.

At the present time there are several traveling medical clinics sponsored by various agencies and it is suggested that the states concerned increase these facilities so that the rural population will have the needed medical services.

8. It is recommended that a greater emphasis be given to the training of a liaison person in the divisions of vocational rehabilitation who would contact referring agencies and inform their personnel regarding policies and requirements of eligibility for service and training.

9. Since several of the findings suggest the need for special counseling services to designated groups, it may be well to examine the present organizational structure of divisions of vocational rehabilitation in the interests of a more effective way of providing counseling services of a differential nature.

10. It is recommended that legislators and the public be informed concerning the results of completed vocational rehabilitation research, so that they be made aware of the number of persons in need of vocational rehabilitation and who will only receive such services if state appropriations to the agency are increased. They should be presented with facts from each state agency showing in dollars and cents and numerous other ways, how it pays to rehabilitate the handicapped.

#### Further Research

1. Additional research is needed to determine why some rehabilitants remain fully employed for many years after case closure, yet they have the characteristics of those who usually fail in their vocational adjustments. These are the clients who are in poor health, are over age 40, have completed

less than 10 grades in school and have made generally unsatisfactory social adjustments.

2. Further research is needed to devise means of predicting, with a higher degree of accuracy than is now possible, those clients of state divisions of vocational rehabilitation who will probably remain fully employed after case closure.

3. Research is needed on how the older client may best be rehabilitated and helped to return to gainful employment.

4. Would it pay to provide more intensive counseling than is considered necessary for the average client, for those referred to rehabilitation services from departments of public welfare? Would such a method reduce the proportionate number of welfare referrals, compared to the non-welfare referrals, who fail vocationally after the completion of rehabilitation services? Research would help to answer these questions.

5. Why do some clients of state divisions of vocational rehabilitation fail to start or complete the services offered them? Research concerned with this phase of the non-rehabilitants would give guidance both to the counselor and the client.

6. What are some of the reasons for the comparatively higher divorce rate of the handicapped classified as amputees?

7. Research is also needed to investigate further the influence of the family members in the rehabilitation process of the client.



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# APPENDIX I

## PART I

### Record Schedule -- Selected Items

Used on 1205 Records of Clients at State Offices of  
Vocational Rehabilitation

Data on Selected Questions Regarding 835 Rehabilitants and  
370 Non-rehabilitants

Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
		N = 835		N = 370	
1,2,3	Identification:	835	100	370	100
4	I. B. M. card:				
	(3) _____				
	(4) _____				
5	Year of closure:				
	(1) 1949-50	156	19	62	16
	(2) 1950-51	197	24	84	23
	(3) 1951-52	178	21	65	18
	(4) 1952-53	155	19	76	21
	(5) 1953-54	149	18	83	22
6	Type of closure:				
	(1) R-0	835	100		
	(2) "O-Deferred"			237	64
	(3) "13"			36	10
	(4) "15"			97	26
6	Area classification:				
	(1) urban	513	61	202	55
	(2) rural	322	39	168	45
8, 9	County:				
	_____code				
10	Sex:				
	(1) male	584	70	253	68
	(2) female	251	30	117	32



Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
11	Marital status (at application):				
	(1) single	367	44	175	52
	(2) married	368	44	111	33
	(3) divorced	43	5	26	8
	(4) widowed	41	5	19	6
	(5) separated	14	2	6	2
	(6) not recorded	2	-	33	-
12, 13	Disability:				
	(1) amputations	84	10	28	10
	(2) impairment of extremities	199	24	70	19
	(3) other body impairments	84	10	32	9
	(4) visual	101	12	53	14
	(5) aural	58	7	11	3
	(6) miscellaneous disablements	243	29	116	32
	(7) mental	66	8	53	14
	(8) not recorded	0	-	7	-
14	Previous closure:				
	(1) yes	93	12	21	6
	(2) no	695	88	299	93
	(3) not recorded	47	-	50	-
15	Source of referral:				
	(1) public school	138	17	48	14
	(2) other individual	81	10	31	9
	(3) public welfare	140	17	108	32
	(4) USES	73	9	27	8
	(5) self-referred	91	11	19	6
	(6) physician	105	13	22	6
	(7) vocational rehabilitation	17	2	9	3
	(8) other	185	22	74	22
	(9) not recorded	5	-	32	-
16	Income source (major) at time of referral:				
	(1) wage earnings	186	22	40	13
	(2) family	355	43	134	43
	(3) insurance, unemployment compensation	18	2	7	2
	(4) insurance, workmen's compensation	26	3	7	2
	(5) insurance	9	1	1	0
	(6) relief, public	129	15	96	31
	(7) relief, private	5	1	3	1
	(8) other, including savings	101	12	22	7
	(9) not recorded	6	-	60	-

Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
17	Age at referral:				
	(1) 15-19 years	210	25	92	26
	(2) 20-29 years	203	24	73	21
	(3) 30-39 years	169	20	48	14
	(4) 40-49 years	140	17	62	18
	(5) 50-59 years	77	9	52	15
	(6) 60-69 years	31	4	21	6
	(7) 70 or over	4	0	2	1
	(8) not recorded	1	-	20	-
18	Number of dependents at referral:				
	(1) one	91	11	20	7
	(2) two	87	10	23	8
	(3) three	80	10	27	9
	(4) four	51	6	11	4
	(5) five	37	4	6	2
	(6) six	25	3	6	2
	(7) seven or more	21	3	7	2
	(8) none	439	53	203	67
	(9) not recorded	4	-	67	-
19	Education (years completed at referral):				
	(1) 1 to 6 years	58	7	50	17
	(2) 7 to 9 years	259	31	97	33
	(3) 10 to 12 years	202	24	67	23
	(4) high school graduate	253	30	55	19
	(5) college or business, 1 to 4 years	52	6	19	6
	(6) college graduate	7	1	3	1
	(7) advanced degree	1	0	0	0
	(8) not recorded	3	-	79	-
20	Employment history:				
	(1) never worked	156	19	74	25
	(2) substantial employment	455	55	130	45
	(3) unsubstantial, part time, etc.	222	27	87	30
	(4) not recorded	2	-	79	-
21	Origin of disability:				
	(1) employment accident (compensation)	64	8	14	5
	(2) employment accident (no compensation)	41	5	9	3
	(3) other accident	168	20	55	19
	(4) disease	435	52	154	54
	(5) congenital condition	117	14	52	18
	(6) military or naval service	4	0	3	1
	(7) war action (civilian)	0	0	0	0
	(8) employment accident (Fed.Govt.)	2	0	0	0
	(9) not recorded	4	-	83	-

Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
22	Age at disablement:				
	(1) birth	118	14	52	20
	(2) 0-9 years	134	16	44	17
	(3) 10-19 years	196	23	44	17
	(4) 20-29 years	130	16	41	16
	(5) 30-39 years	116	14	20	8
	(6) 40-49 years	72	9	30	12
	(7) 50-59 years	40	5	19	8
	(8) 60 or over	17	2	3	1
	(9) not recorded	12	-	117	-
23	(Rehabilitants only) Employment objectives:				
	(1) professional	116	14		
	(2) skilled	143	17		
	(3) clerical sales	174	21		
	(4) semi-skilled	96	11		
	(5) agricultural	63	8		
	(6) unskilled	74	9		
	(7) personal service	116	14		
	(8) housewife	46	6		
	(9) not recorded	7	-		
24	(Rehabilitants only) Employment status at closure:				
	(1) regular employment	662	80		
	(2) self-employment, non-agricultural	73	9		
	(3) self-employment, agricultural	22	3		
	(4) family worker	66	8		
	(5) sheltered workshop	2	0		
	(6) supervised employment	4	0		
	(7) not recorded	6	-		
25	(Rehabilitants only) Job classification at closure:				
	(1) professional	80	10		
	(2) skilled	107	13		
	(3) clerical sales	170	20		
	(4) semi-skilled	111	13		
	(5) agricultural	69	8		
	(6) unskilled	89	11		
	(7) personal services	141	17		
	(8) housewife	64	8		
	(9) not recorded	4	-		



Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
26	(Rehabilitants only) Total weekly income at closure:				
	(1) none	65	8		
	(2) less than \$25	40	5		
	(3) \$25-49	304	38		
	(4) \$50-74	300	38		
	(5) \$75-99	68	9		
	(6) \$100-124	7	1		
	(7) \$125 or over	4	0		
	(8) not recorded	47	-		
27	Job aspiration at referral:				
	(1) professional	118	16	32	14
	(2) skilled	151	20	36	15
	(3) clerical sales	132	18	28	12
	(4) semi-skilled	79	10	20	9
	(5) agriculture	52	7	15	6
	(6) unskilled	39	5	19	8
	(7) personal services	93	12	19	8
	(8) housewife	90	12	62	27
	(9) not recorded	81	-	139	-
28	Characteristics of major disability at referral:				
	(1) permanent	468	61	142	69
	(2) temporary	68	9	11	5
	(3) stable	89	12	21	10
	(4) slowly progressive	82	11	22	11
	(5) rapidly progressive	8	1	3	1
	(6) improving	54	7	8	4
	(7) not recorded	66	-	163	-
29	Physical activity at referral:				
	(1) considerable physical activity	218	29	40	24
	(2) some physical activity	331	44	55	32
	(3) minimal physical activity	200	27	74	44
	(4) not recorded	86	-	201	-

## PART II

## Client Schedule (Selected Items)

Used When Interviewing 1205 Clients

Data on Selected Questions Regarding 835 Rehabilitants  
and 370 Non-rehabilitants

Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
		N = 835		N = 370	
31	Which of the following best described your employment?				
	(1) open labor market	457	55	117	32
	(2) self-employed away from home	76	9	19	5
	(3) self-employed in the home (housewife)	116	14	55	15
	(4) self-employed at home (farming)	23	3	11	3
	(5) self-employed in the home (confined)	3	0	2	1
	(6) self-employed in the home (other)	15	2	3	1
	(7) sheltered workshop	5	1	1	0
	(8) other	13	2	10	3
	(9) unemployed	127	15	152	41
32	If you have been unemployed since the end of rehabilitation services, what are the major reasons?				
	(1) ill health due to rehabilitation condition	104	43	141	74
	(2) other health reasons	31	13	11	6
	(3) work not available	56	23	22	12
	(4) not trained for available jobs	8	3	3	2
	(5) did not want to work	4	2	2	1
	(6) other reason	37	15	12	6
	(7) not applicable (housewife)	108	-	53	-
	(8) not applicable (employed)	487	-	126	-
33	What is your present job?				
	(1) professional	65	9	10	5
	(2) skilled	113	16	23	10
	(3) clerical sales	133	19	30	14
	(4) semi-skilled	88	12	24	11
	(5) agriculture	47	7	18	8
	(6) unskilled	55	8	30	14
	(7) personal services	93	13	22	10
	(8) housewife	116	16	58	27
	(9) unemployed	125	-	155	-

Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
34	How many months during the past year did you work full time? (more than 35 hours per week)				
	(1) none	0	0	0	0
	(2) less than 5 months	46	6	17	5
	(3) 5-10 months	66	8	27	7
	(4) 10 months or more	463	55	107	29
	(5) not applicable (housewife)	110	13	55	15
	(6) part-time work only	45	5	14	4
	(7) unemployed	89	11	131	35
	(8) retired	16	2	19	5
35	How many months during the past year did you work part time? (less than 35 hours per week)				
	(1) none	221	26	72	19
	(2) less than 5 months	58	7	19	5
	(3) 5-10 months	26	3	6	2
	(4) 10 months or more	29	3	14	4
	(5) not applicable (housewife)	104	12	53	14
	(6) not applicable (unemployed)	92	11	134	36
	(7) not applicable (full-time worker)	305	37	72	19
36	What is your average weekly wage from employment at the present time?				
	(1) none (unemployed)	87	12	75	24
	(2) none (on public assistance)	42	6	81	26
	(3) less than \$25	56	8	26	8
	(4) \$25-49	90	12	29	9
	(5) \$50-74	139	19	28	9
	(6) \$75-99	186	25	47	15
	(7) \$100-124	91	12	22	7
	(8) \$125 or over	40	5	9	3
	(9) not applicable (housewife)	104	-	53	-
37	How many <u>main</u> jobs have you had since the end of rehabilitation services?				
	(1) one (same job as closure)	244	32	74	23
	(2) one (same employer, different job)	66	9	14	4
	(3) two	163	21	51	16
	(4) three	101	13	21	6
	(5) four	47	6	11	3
	(6) five or more	82	11	25	8
	(7) not applicable (housewife only)	69	-	49	-
	(8) housewife now	29	4	6	2
	(9) none	34	4	119	37



Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
38	How much have you been unemployed since the end of rehabilitation services?				
	(1) none	388	46	86	23
	(2) less than 1/4 of the time	157	19	45	12
	(3) 1/4 but less than 1/2 of the time	60	7	23	6
	(4) 1/2 but less than 3/4 of the time	38	5	20	5
	(5) most of the time	102	12	145	39
	(6) housewife only	75	9	46	13
	(7) housewife now	15	2	5	1
39	Marital status at research interview:				
	(1) single	151	18	107	29
	(2) married	561	67	190	51
	(3) divorced	57	7	41	11
	(4) widowed	56	7	25	7
	(5) separated	10	1	7	2
40	How satisfied are you with the kind of work you do on your main job?				
	(1) very well satisfied	243	41	48	30
	(2) well satisfied	130	22	35	22
	(3) satisfied	158	27	60	38
	(4) dissatisfied	51	8	14	9
	(5) very dissatisfied	10	2	1	1
	(6) not applicable (housewife)	119	-	58	-
	(7) not applicable (unemployed)	124	-	154	-
41	How would you rate your opportunities for advancement on your present job as compared with other employees?				
	(1) better than	82	14	18	12
	(2) the same as	224	38	60	39
	(3) poorer than	52	9	12	8
	(4) undecided	14	2	6	4
	(5) inappropriate (self-employed, only employee, etc.)	219	37	59	38
	(6) not applicable (unemployed)	127	-	155	-
	(7) not applicable (housewife)	117	-	60	-
42	Is your main job too difficult for you physically?				
	(1) none of the time	378	63	88	56
	(2) almost never	71	12	17	11
	(3) a small part of the time	97	16	41	26
	(4) about half of the time	35	6	4	2
	(5) most of the time	15	2	7	4
	(6) not applicable (unemployed)	127	-	155	-
	(7) not applicable (housewife)	112	-	58	-

Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
43	At the present time, does your main job require:				
	(1) considerable physical activity	258	43	75	48
	(2) some physical activity	216	36	62	40
	(3) minimal physical activity	121	20	19	3
	(4) not applicable (unemployed)	125	-	155	-
	(5) not applicable (housewife)	115	-	59	-
44	Which of the following would best describe the number of medical examinations or frequency of medical care which you have had for your condition in the last year?				
	(1) continuously or about once a week	28	3	29	8
	(2) about once a month	51	6	24	6
	(3) about once every 3 months	49	6	33	9
	(4) about once every 6 months	69	8	19	5
	(5) about once a year	130	16	57	15
	(6) none	508	61	208	56
45	During the past year what has been the average monthly medical expense for you only, including drugs, doctors and hospitals?				
	(1) none	210	25	107	29
	(2) \$0-4	364	44	135	36
	(3) \$5-9	80	10	31	8
	(4) \$10-14	38	5	11	3
	(5) \$15-19	20	2	9	2
	(6) \$20-24	15	2	2	1
	(7) \$25 or over	70	8	42	11
	(8) do not know (paid by public agency)	24	3	23	6
	(9) do not know amount (paid by other, specify)	14	2	10	3
46	Do you think the available medical care for the treatment of your disability in your community is:				
	(1) very adequate	324	39	112	30
	(2) adequate	296	35	155	42
	(3) inadequate	157	19	79	21
	(4) none	38	5	14	4
	(5) do not know	20	2	10	3

Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
47	Did you want to use rehabilitation services at the time you first became clearly aware of the program?				
	(1) very much	496	59	105	28
	(2) some	217	26	91	24
	(3) very little	97	12	107	29
	(4) do not know	25	3	67	18
48	(Rehabilitants only) Was the rehabilitation plan under which you <b>received</b> services (including job placement):				
	(1) essentially your plan	183	22		
	(2) supervisor's plan	124	15		
	(3) jointly determined plan	404	48		
	(4) do not know	124	15		
49	(Rehabilitants only) What do you <u>now</u> think about this plan?				
	(1) sound, best plan possible	439	53		
	(2) fairly sound plan	202	24		
	(3) poor, unworkable plan	73	9		
	(4) do not know	121	14		
50	In view of the disability for which you requested D.V.R. services, do you believe that on the job you get:				
	(1) preference in job assignment	45	10	5	5
	(2) treated same as others	408	87	95	90
	(3) less consideration than others	18	4	6	6
	(4) not applicable (unemployed)	111	-	157	-
	(5) not applicable (housewife)	110	-	57	-
	(6) not applicable (self-employed, only employee, etc.)	143	-	50	-
51	Did you have encouragement from spouse, parents, or in-laws in the use of rehabilitation services?				
	(1) very much	418	50	87	23
	(2) some	178	21	76	21
	(3) very little	93	11	76	21
	(4) do not know	30	4	54	15
	(5) family was not aware of services	104	12	59	16
	(6) none	12	1	18	5



Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
52	Were there any problems in your family life or other situations which interfered with the success of your rehabilitation program?				
	(1) marital conflict	9	1	2	1
	(2) unreasonable family or in-law demands	4	0	0	0
	(3) family pressures for more money	49	6	22	6
	(4) other, specify	87	10	73	20
	(5) none	686	82	273	73
53	With whom are you living?				
	(1) husband or wife	112	13	48	13
	(2) husband or wife and children	445	53	134	36
	(3) children along	36	4	11	3
	(4) alone	91	11	56	15
	(5) parents	87	10	80	22
	(6) spouse, children, and parents	6	1	5	1
	(7) relative (s)	18	2	10	3
	(8) friend (s)	9	1	6	2
	(9) other, specify	31	4	20	5
54	Do you engage in social activities with the family? (spouse, children, parents, etc.) CHECK TOTAL NUMBER				
	(1) one	23	3	19	6
	(2) two	36	5	17	5
	(3) three	25	3	19	6
	(4) four	44	6	21	6
	(5) five	44	6	35	10
	(6) six	72	9	31	9
	(7) seven or more	491	63	168	50
	(8) none	46	6	25	7
	(9) not applicable	54	-	35	-
55	Do you use alcoholic beverages?				
	(1) not at all	467	56	224	61
	(2) occasionally	347	41	137	37
	(3) frequently	21	3	7	2
	(4) no response	0	-	2	-

## PART III

## Employer Schedule (Selected Items)

Used When Interviewing 231 Employers

Data on Selected Questions Regarding 236 Rehabilitants  
and 45 Non-rehabilitants

Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
		N = 236		N = 45	
56	What is the current weekly wage of your employee?				
	(1) less than \$25	18	8	1	2
	(2) \$25-49	25	11	6	13
	(3) \$50-74	51	22	9	20
	(4) \$75-99	84	36	18	40
	(5) \$100-124	43	18	9	20
	(6) \$125-149	11	5	0	0
	(7) \$150-174	1	0	2	4
	(8) \$175 or over	0	0	0	0
	(9) information not provided by employer	3	-	-	-
57	In your opinion, is your employee's training for his present employment;				
	(1) very adequate	63	27	12	27
	(2) adequate	146	62	26	58
	(3) insufficient	16	7	1	2
	(4) don't know	11	5	6	13
58	As compared with your other employees, how would you rate the way this employee gets along with other people while on his job?				
	(1) better than	95	43	21	50
	(2) the same as	114	51	21	50
	(3) poorer than	11	5	0	0
	(4) undecided	2	1	0	0
	(5) not applicable (there are no other employees)	14	-	3	-

Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
59	Considering this employee's capabilities, how would you rate his opportunities for advancement as compared with your other employees on the same job?				
	(1) better than	65	33	12	32
	(2) the same as	98	50	20	53
	(3) poorer than, specify	30	15	4	10
	(4) undecided	3	1	2	5
	(5) no opportunity (occupies top position now)	21	-	4	-
	(6) not applicable (no other employees)	19	-	3	-

## PART IV

## Family Schedule (Selected Items)

Used When Interviewing a Family Member of Each of 925 Clients

Data on Selected Questions Regarding 658 Rehabilitants  
and 267 Non-rehabilitants

		N = 658		N = 267	
60	What activities do you engage in as a family? CHECK TOTAL NUMBER				
	(1) one or two	32	5	21	8
	(2) three	25	4	17	6
	(3) four	33	5	17	6
	(4) five	51	8	30	11
	(5) six	70	11	23	9
	(6) seven	85	13	41	15
	(7) eight	91	14	45	17
	(8) nine or more	251	38	65	24
	(9) none	20	3	8	3
61	In client's life, how important are social activities?				
	(1) very	181	27	62	23
	(2) moderate	274	42	104	39
	(3) little	188	29	89	33
	(4) not at all	15	2	12	4



Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
62	How often does client participate in organized social activities with two or more friends?				
	(1) several per week	79	12	26	10
	(2) once per week	163	25	62	23
	(3) once per month	154	23	57	21
	(4) less	262	40	122	46
63	(Rehabilitants only) Did the program of vocational rehabilitation assist client in his employment?				
	(1) very much	270	42		
	(2) some	179	28		
	(3) not at all	195	30		
	(4) not appropriate	14	-		
64	(Rehabilitants only) Were you aware of the purpose and plans for client's rehabilitation?				
	(1) very much aware	269	50		
	(2) quite aware	136	25		
	(3) not at all	132	24		
	(4) not appropriate	121	-		
65	Is client's present job suitable for him?				
	(1) yes	429	70	119	54
	(2) no	11	2	3	1
	(3) no, for health reasons	54	9	14	6
	(4) uncertain	17	3	7	3
	(5) other, specify	104	17	76	35
	(6) not appropriate	43	-	48	-
66	To what extent does client use alcoholic beverages?				
	(1) not at all	369	56	164	61
	(2) occasionally	272	41	99	37
	(3) frequently	17	3	4	1
	(4) no response	0	0	0	0

Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
67	Is client unable to do some of the things he would like to do socially because of his disability?				
	(1) often	132	20	88	33
	(2) occasionally	162	24	67	25
	(3) seldom	135	20	39	15
	(4) never	229	35	73	27
68	Does client hesitate to do some of the things he would like to do because of the attitude of other people toward his disability?				
	(1) often	48	7	32	12
	(2) occasionally	80	12	26	10
	(3) seldom	101	15	57	21
	(4) never	429	65	152	57
	(5) not appropriate	0	0	0	0

## PART V

## Clinical Schedule (Selected Items)

Used by Interviewer to Rate Each Client

Data on Selected Questions Regarding 835 Rehabilitants  
and 370 Non-rehabilitants

		N = 835		N = 370	
<u>The Family</u>					
69*	Involvement: (physical, social or psychological reactions in personal, intimate relationships)				
	(1) healthy, close and sharing	335	43	112	34
	(2)	271	34	106	32
	(3)	113	14	62	19
	(4)	44	5	26	8
	(5) unhealthy, withdrawing, and defeating	23	3	23	7
	(6) could not be determined by interviewer	35	-	23	-
	(7) not applicable	14	-	18	-

\*On question 69 the numbers 1, 2, 3, 4, and 5 were used by the interviewers to indicate the client's position on a continuum, i.e. from very healthy to unhealthy.

Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
70*	Satisfaction: (attaining desired response)				
	(1) very great	288	36	85	26
	(2)	290	37	108	33
	(3)	142	18	79	24
	(4)	44	6	37	11
	(5) dissatisfied	16	2	15	5
	(6) could not be determined by interviewer	41	-	28	-
	(7) not applicable	14	-	18	-
71*	Sense of achievement: (client's evaluation of his own accomplishments related to family)				
	(1) very great	281	36	83	25
	(2)	276	35	101	31
	(3)	153	20	80	24
	(4)	45	6	38	12
	(5) none	21	3	24	7
	(6) could not be determined by interviewer	45	-	26	-
	(7) not applicable	14	-	18	-
72*	Adaptation: (adjustment to reality factors within the family)				
	(1) very good	306	39	100	32
	(2)	257	33	88	28
	(3)	127	16	77	24
	(4)	60	8	26	8
	(5) very poor	30	4	26	8
	(6) could not be determined by interviewer	41	-	35	-
	(7) not applicable	14	-	18	-
	<u>The Community</u>				
73*	Involvement: (physical, social or psychological interaction beyond the family)				
	(1) very actively involved	83	10	21	6
	(2)	215	27	68	19
	(3)	278	35	102	29
	(4)	143	18	76	21
	(5) uninvolved	90	11	88	25
	(6) could not be determined by interviewer	26	-	15	-

\*On questions 70 through 73 the numbers 1, 2, 3, 4, and 5 were used by the interviewer to indicate the client's position on a continuum, i.e.; from very great to none.



Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
74*	Satisfaction: (attaining desired goals)				
	(1) very great	88	11	29	8
	(2)	211	26	72	21
	(3)	300	37	105	30
	(4)	131	16	65	18
	(5) very little	71	9	79	22
	(6) could not be determined by interviewer	34	-	20	-
75*	Adaptation: (adjustment to reality factors in the community)				
	(1) very good	122	15	36	10
	(2)	202	26	66	19
	(3)	298	38	119	34
	(4)	128	16	75	22
	(5) very poor	37	5	50	14
	(6) could not be determined by interviewer	48	-	24	-
	<u>The Job</u>				
76*	Involvement: (physical, social or psychological investment in employment)				
	(1) very actively involved	283	44	73	39
	(2)	225	35	61	33
	(3)	109	17	38	20
	(4)	26	4	8	4
	(5) uninvolved	4	1	6	3
	(6) could not be determined by interviewer	57	-	45	-
	(7) not applicable	131	-	139	-
77*	Satisfaction: (attaining desired goals)				
	(1) very great	250	38	65	36
	(2)	223	34	60	33
	(3)	110	17	41	22
	(4)	56	9	12	6
	(5) dissatisfied	9	1	5	3
	(6) could not be determined by interviewer	56	-	46	-
	(7) not applicable	131	-	141	-

\*On questions 74 through 77 the numbers 1, 2, 3, 4, and 5 were used by the interviewers to indicate the client's position on a continuum, i. e. from very great to none.

Column	Item in Schedule	Rehabilitants		Non-rehabilitants	
		No.	Per Cent	No.	Per Cent
78*	Sense of achievement: (client's evaluation of his own accomplishments related to employment)				
	(1) very great	247	38	62	34
	(2)	235	36	61	33
	(3)	111	17	44	24
	(4)	44	7	12	6
	(5)	8	1	5	1
	(6) could not be determined by interviewer	59	-	45	-
	(7) not applicable	131	-	141	-
79*	Adaptation: (adjustment to reality factors in employment)				
	(1) very good	287	44	68	37
	(2)	206	32	64	34
	(3)	115	18	38	20
	(4)	35	5	12	6
	(5) very poor	4	1	4	2
	(6) could not be determined by interviewer	58	-	45	-
	(7) not applicable	130	-	139	-

\*On questions 78 and 79 the numbers 1, 2, 3, 4, and 5 were used by the interviewers to indicate the client's position on a continuum, i. e., from very great to none.

# APPENDIX II

Table I

Comparison of Types of Disability at Application and Employment at Research  
Interview of 835 Rehabilitants

Disability	Employment							
	Full Time		Part Time		Unemployed		Retired	
	No.	%	No.	%	No.	%	No.	%
Absence of extremities	54	12	15	10	7	8	2	12
Impairment of extremities	123	26	34	22	14	16	3	19
Other body impairments	52	11	19	12	3	3	1	6
Visual	45	10	16	10	17	19	7	44
Aural	30	6	13	8	2	2	1	6
Miscellaneous	135	29	46	29	26	29	2	12
Mental	24	5	14	9	20	22	0	0
Total	463	99	157	100	89	99	16	99
							110	99
								7
								31
								11
								14
								8
								23
								5



Table II  
Comparison of Types of Disability at Application and Employment at Research  
Interview of 363\* Non-rehabilitants

Disability	Employment							
	Full Time		Part Time		Unemployed		Retired	
	No.	%	No.	%	No.	%	No.	%
Absence of extremities	13	12	4	7	5	4	2	10
Impairment of extremities	19	18	15	26	23	18	2	10
Other body impairments	12	12	6	10	10	8	0	0
Visual	11	10	9	16	18	14	3	42
Aural	4	4	3	5	2	2	0	0
Miscellaneous	35	34	12	21	37	29	7	37
Mental	10	10	8	14	34	26	0	0
Total	104	100	57	99	129	101	19	99
							54	99

\* The disability of 7 non-rehabilitants was not recorded in office records.

## APPENDIX III

Table III

Characteristics Prior to Case Closure of Rehabilitants  
by Vocational Classification at Research Interview

Characteristics Prior to Case Closure	Full-time Employed		Part-time Employed		Unemployed	
	No.	Per Cent	No.	Per Cent	No.	Per Cent
Sex						
Male	397	86	107	68*	67	75*
Female	66	14	50	32*	22	25*
Age at Application						
Under age 30	267	58	58	37*	27	30*
Age 40 or older	98	21	62	39*	41	45*
Age when Disabled						
Age 10 through 19	132	29	22	14*	10	12*
After age 40	39	8	37	24*	20	23*
Vocational Training						
Received training	239	52	55	35*	24	24*
No training given	218	48	101	65*	64	76*
Educational Achievement						
High school graduate	214	46	36	23*	16	17*
Less than 10 grades	129	28	82	52*	55	62*
Major Source of Income at Application						
Wages	125	27	33	21	14	16*
Public assistance	54	12	22	14	27	31*
Source of Referral for Rehabil- itation Services						
Public schools	92	20	20	13*	6	7*
Public welfare	49	11	42	27*	22	35*
Job Aspirations at Application						
Professional	85	20	10	7*	2	3*
Personal services	33	8	23	16*	15	19*
Skilled	103	24	32	23	10	13*
Unskilled	15	4	9	6	13	17*
Job Classification at Case Closure						
Professional	55	12	9	6*	2	2*
Personal services	53	11	32	20	22	25*
Skilled	70	15	22	14	11	12
Unskilled	48	10	21	13	18	20*
Weekly Earnings at Case Closure						
Earning \$50 or more per week	271	62	61	41*	29	34*

\* The difference between this group and the fully employed was significant at the five per cent level.

Table IV

Characteristics Prior to Case Closure of Non-rehabilitants  
by Vocational Classification at Research Interview

Characteristics Prior to Case Closure	Full-time Employed		Part-time Employed		Unemployed	
	No.	Per Cent	No.	Per Cent	No.	Per Cent
Sex						
Male	92	86	49	84	97	74*
Female	15	14	9	16	34	26*
Age at Application						
Under age 30	76	73	24	46*	33	26*
Age 40 or older	18	18	17	33*	72	56*
Age When Disabled						
Age 10 through 19	16	23	5	11*	15	16
After age 40	5	7	8	18	24	26*
Educational Achievement						
High school graduate	30	37	15	32	14	14*
Less than 10 grades	21	26	26	55*	78	73*
Major Source of Income at Application Interview						
Wages	20	24	7	15	11	10*
Public assistance	14	17	13	28	53	46*
Source of Referral for Rehabilitation Services						
Public schools	23	24	6	12*	6	5*
Public welfare	14	15	14	27	61	50*
Job Aspirations at Application Interview						
Professional	13	21	6	16	6	8*
Personal services	5	9	3	8	4	5
Skilled	19	30	7	18	9	12*
Unskilled	2	3	3	8	13	18*

\*The difference between this group and the fully employed was significant at the five per cent level of confidence.



## APPENDIX IV

### METHODOLOGICAL PROCEDURE

The aim of this presentation is to describe procedures which may facilitate similar research in other states.

In the three state offices of vocational rehabilitation studied, differences were found in procedures in the keeping of records and statistical work. In one state there was a 3x5 card for each client with the required information sufficient for sampling purposes. In another state only the rehabilitated closures with pertinent data were punched on Hallerith cards. In the third state, material was taken from R-9 forms which were all in a folder apart from the case material of the client. Thus the following outline pertains to a general procedure and would require minor modification to meet the requirement of local conditions in other states.

#### The Sample

The first procedure was to enumerate all cases closed during the years 1949-54 at the state offices of vocational rehabilitation in Utah, Montana and Wyoming. These cases totaled 10,205, of which 4,375 were rehabilitants and 5,830 were non-rehabilitants. Of the latter group 3,805 were eliminated because of the absence of substantial physical and mental disabilities, because the disability did not constitute a substantial occupational handicap, or because the cases had been transferred to another state. This left 2,025 non-rehabilitants. Each group was separated by year, locality and sex, and in addition, the rehabilitants were stratified into the seven major disability categories, whereas the non-rehabilitants were stratified according to the type of closure. (Status "O-Referred"; status "13" and status "15").

In Utah and Montana a 20 per cent sample was drawn by choosing at random the first number of five or less from a table of random numbers. Beginning with this number every fifth case thereafter was drawn from each category. Two other samples were similarly drawn to be used for substitution purposes when necessary.

However, since the referrals in Wyoming were so small in comparison to the other two states, 25 per cent samples were used. Also, because there were so few blind referrals in Montana, the complete blind population was used.

To obtain a working sample of 1,443 cases in which the address of the clients could be verified, it was necessary to process 1,944 case records. This was accomplished by the use of city directories, telephone directories, and families who had been listed by the clients as references. These families were contacted whenever possible by telephone. In addition, the welfare department in each state was most cooperative. A letter was sent from the state welfare office to each county director (see Appendix V) with the name of those cases whose last known residence was in that county. Similar lists were sent to the vocational rehabilitation counselors to verify names and addresses in their respective districts. When an individual was found to have moved out of the state, or was deceased, a matched replacement was made from the second or third sample, and the same checking and verifying done once again.

First-class letters then were mailed to each client over the signature of the state director of vocational rehabilitation explaining the research project and asking for their cooperation. The letter to the rehabilitants was phrased differently from that sent to the non-rehabilitants. These

first-class letters were followed by a third-class letter (see Appendix V) requesting Postal Form 3547. By this last method, new addresses were found for individuals, which greatly aided the interviewers when they went into the field. Replacements were made only where the central research office knew definite correct addresses. In some instances no matching replacements were available. In Table V is listed the reasons for not interviewing clients. In all, 84 per cent of the sample was interviewed.

Table V

Reasons for not Interviewing Certain Clients in Utah, Montana and Wyoming and Number Interviewed

Reasons	Rehabilitants		Non-Rehabilitants		Total	
	No.	Per Cent	No.	Per Cent	No.	Per Cent
Address Unknown	40	4	23	5	63	4
Moved from State	57	6	39	8	96	7
Deceased	15	2	28	6	43	3
Duplicate	12	1	1	0	13	1
Refused	13	1	10	2	23	2
Interviewed	835	86	370	79	1205	84
Total	972	100	471	100	1443	101

#### Construction of Schedules\*

Five schedules were constructed for the rehabilitants and five nearly identical schedules for the non-rehabilitants in Utah. The similarity of the schedules allowed for comparisons between these two groups. Differences in questions in the two sets of schedules were based on the peculiarities of the two groups and yielded different data for each group. Separate

\* Copies of schedules may be obtained by writing to the Director of the Project at the University of Utah, Salt Lake City.



schedules were constructed to apply to the case records, the clients, family members and employers.

All but one of the interviewers were trained professional social workers and from their interest as clinicians a clinical schedule was developed. (The non-social worker had a doctorate in sociology and was an experienced marriage counselor). This schedule was completed by the interviewer from notes he had recorded during the interview with the client, his family and employer, and consisted of his judgment of the client's adjustment to his rehabilitation experience, his family, his community and his job. In addition a rating was given the client concerning the effect of the disability related to these areas. (See Appendix VI).

It was found, however, after the interviewing was completed in Utah, greater efficiency would result should the ten schedules be reduced to five and whenever a question did not apply to both groups this was to be clearly noted. (See Appendix I, question 23). Great care, however, was taken to insure the similarities between the original schedules and any changes that were later made on subsequent schedules. Selected items from these schedules with the total responses of the clients are found in Appendix I.

#### Pre-testing of Schedules

The members of the research team were all from the faculty of the Graduate School of Social Work at the University of Utah. Although all members of the team were highly skilled in interviewing techniques, it was decided that schedules should be pre-tested by the whole team to obtain consistency. For pre-testing purposes, the record schedules were applied and their adequacy tested against available case record materials. Three clients, not included in the sample, participated in pre-testing the client

schedule. The purpose of the study and the pre-test had been explained to them. With their permission, they were interviewed in a room equipped with a one-way screen and sound equipment, with the research team observing and listening to the interview. Interviews were conducted by various members of the team, and the interviewer checked his interview schedule in each case with the other members of the research team. It was found that a high degree of consistency existed in the recording of the responses by each member of the team.

### Instructions to Interviewers

The members of the research team developed a set of instructions which was used to guide the interviewers in making contact with clients, their family members and employers. (See Appendix VI). The interviewer carried with him an identification letter (see Appendix V) but this letter was rarely needed. A statement was given to the news service bureau in each state before any clients were contacted. This item appeared in both daily and weekly papers throughout the state and was read over radio and television stations (see Appendix V) with the result that most clients knew already about the study through this statewide publicity.

By means of frequent meetings where confidentiality was discussed, safeguards were established for the protection of existing relationships between the divisions of vocational rehabilitation and their clients. Where an interviewer found that there was a basis for differential interpretation on any question, he took notes pertaining to this problem, called the central office in the state, where a decision was made as to the procedure to take and all the interviewers notified of this decision.

### Application of Schedules

The case records for the working sample were found in the state office with the exception of six cases which were located in the district offices. The record schedules were then applied to the case records.

Research personnel arranged an appointment by telephone, if possible, and met the client at his convenience in the place he designated, either at home or at his employment. In all, 1,205 interviews were held with clients, most of these in their own homes.

At the time of the client interview, the interviewer asked if he could talk also with a member of the client's family. If the answer was in the affirmative an appointment was made to complete the family schedule. Seventy-seven per cent of the interviewees agreed to such a contact, and 925 interviews were held with family members.

Furthermore, during the initial client interview, the clients were asked, "Does your employer know that you had or now have a disability?" Three hundred fifty-nine clients answered in the affirmative. These clients were then asked if an interview might be arranged with their employer. Two hundred eighty-one (78 per cent) of the group agreed.

The clinical observation schedule was devised to measure the response pattern of the client to the following: the vocational rehabilitation experience, the interview, his family, the community, and his job. A general evaluation on a five-point scale was made to determine the influence of the individual's disability on his total adjustment. (See Appendix I, Part V).

In addition, there were certain clients who were living alone whose families could not be interviewed, thus some items on the clinical question were not applicable. In other instances where the client had not received



services other than a telephone call or about one interview, the client often replied that he was unable to recall the experience.

#### Tabulation of Data

To insure accuracy and to simplify the work of the I.B.M. key punch operator, the responses from the schedules were recorded on a transfer sheet and these were edited to insure consistency of responses on the schedules. A double check for accuracy was made by re-reading from the completed transfer sheet and checking with the responses on the schedules. To insure accuracy when having the I.B.M. cards punched from the transfer sheets, if a question was to be answered by the rehabilitants and a non-rehabilitant was being interviewed, an X was entered in the appropriate square and similarly a Y was entered when the question did not apply to the rehabilitant. This denoted to the key punch operator to leave blank that particular column. When tabulating the data from each state, an I.B.M. accounting machine process was used to give complete response number lists, which were again checked against the transfer sheet to verify the accuracy of the key punch operator. Necessary corrections and changes were made and corrected cards punched and checked for accuracy. After this verification of the cards, a complete sorting and tabulation of responses was made and recorded on prepared master sheets.

#### Statistical Analyses of State Data

In the State of Utah an I.B.M. sorter was used to tabulate the responses of the rehabilitants and non-rehabilitants and a Marchant calculator used to calculate percentages. Those items not recorded and not applicable to some of the clients were not used in these calculations. In addition, comparisons were made in each state to compare the responses of clients in

these two major groups by use of the Chi Square Test. This test was also used to compare the responses of clients in special studies with the total group. Differences between arithmetic means and differences between medians were also calculated when appropriate. In the states of Montana and Wyoming an I.B.M. 407 tabulator was used in place of the sorter.

#### Statistical Analyses of Total Data

From the experiences gained from the study of each of the three states approximately eighty questions were selected from the schedules which would best answer the objectives of the study. The responses to these questions were repunched on a single I.B.M. card. By means of the age at referral it was possible to calculate the age of each client at time of follow-up interview. Thus in question 34 (see Appendix I) all those not working who were 65 years or older were categorized as retired. Question 34 was then divided into full-time employed (subdivisions 1 and 4), part-time employed (subdivisions 2, 3 and 6), housewives (subdivision 5), unemployed (subdivision 7) and retired (subdivision 8). A program\* was then made for a Burroughs 205 electronic computer which tabulated the responses and calculated the percentages in the above divisions for both the rehabilitants and the non-rehabilitants. In addition, coefficients of contingency were calculated by this computer. In all cases the categories of "not recorded" were not used in any of the calculations; however, they are shown in Appendix I.

A progress report was prepared on the data for each of the states studied. Copies of these bound reports are on file in the University of Utah Library in Salt Lake City and they may be procured at a nominal fee through the inter-library loan system.

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\* This program is on file at the Computer Center, University of Utah, and details concerning its use may be obtained by writing the director of this study.

At the completion of the first three-year project there was still useful data which required analysis, and an additional one-year grant was given by the Office of Vocational Rehabilitation in Washington, D. C. to complete the study. This final report is the culmination of the results of both research grants.



APPENDIX V

STATE OF WYOMING  
Department of Public Welfare  
Cheyenne

June 1, 1959

TO: County Director

The Wyoming State Department of Public Welfare is co-operating in a study which is being conducted by members of the faculty of the Graduate School of Social Work, University of Utah. Attached is a list of names whom these people will be interviewing. Would you kindly verify these addresses, supplementing any additional information for the location of these clients.

Please return this list as soon as possible to State Department of Public Welfare in Cheyenne, but not later than June 10.

/s/ Harvey Peterson

Harvey Peterson, Director  
Division of Public Assistance

jd

STATE OF UTAH  
Department of Public Instruction  
Division of Vocational Rehabilitation  
L. B. Harmon, Director  
400 Atlas Building, 36 West 2nd South  
Salt Lake City, Utah

The Utah State Division of Vocational Rehabilitation, in co-operation with the Graduate School of Social Work of the University of Utah, is making a follow-up study of persons who have previously received rehabilitation services. The purpose of the study is to ascertain the values of these services to individuals and to use the information in determining how the rehabilitation program might be improved.

You are one of a number of persons whom we have selected to talk with about the values of these services. A representative from the University of Utah will contact you regarding an appointment to discuss this matter. We trust that it will be convenient for you to meet this representative, and that you will feel perfectly free to discuss your rehabilitation program with him.

Very truly yours,

/s/ L. B. Harmon

---

L. B. Harmon, State Director  
Vocational Rehabilitation Division

LBH:AKs

(Letter sent to Rehabilitants, August 15, 1957)

STATE OF UTAH  
Department of Public Instruction  
Division of Vocational Rehabilitation  
L. B. Harmon, Director  
400 Atlas Building, 36 West 2nd South  
Salt Lake City, Utah

The Utah State Division of Vocational Rehabilitation, in co-operation with the Graduate School of Social Work of the University of Utah, is making a follow-up study of persons who have previously received or applied for rehabilitation services. The purpose of the Study is to gather data that may be used in determining how the rehabilitation program might be changed to meet the needs of persons like yourself or others in need of rehabilitation services.

You are one of a number of persons whom we have selected to talk with about your rehabilitation experiences. A representative from the University of Utah will contact you regarding an appointment to discuss this matter. We trust that it will be convenient for you to meet this representative, and that you will feel perfectly free to discuss the rehabilitation program with him.

Very truly yours,

/s/ L. B. Harmon

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L. B. Harmon, State Director  
Vocational Rehabilitation Division

LBH:bw

(Letter sent to non-rehabilitants, August 15, 1957)



UNIVERSITY OF UTAH  
Salt Lake City

Graduate School of Social Work  
Office: SH 336

September 4, 1957

Dear Sir:

This letter is being sent to you under the auspices of the Utah State Division of Vocational Rehabilitation as a means of verifying your correct mailing address. If we have your correct address you will receive this letter and need not concern yourself further.

In those cases where we have an incorrect address this particular letter will be returned by the U. S. Postal Service with a corrected address. This will facilitate our contacts with all persons concerned.

Respectfully yours,

(Letter for Postal Form 3547)

August 16, 1957

TO WHOM IT MAY CONCERN:

This is to introduce Professor Heber Taylor, from the Graduate School of Social Work at the University of Utah. He is participating in a research study as a faculty member for the United States Department of Health, Education, and Welfare, Office of Vocational Rehabilitation. Any assistance you might give to Professor Taylor would be greatly appreciated.

Sincerely yours,

/s/ William M. McPhee

William M. McPhee, Ph. D.  
Director, Research Project

WMcP:ja

(Letter of Credentials)

Publication in The Independent Record,  
Helena, Montana, June 22, 1958

#### REHABILITATION STUDY WILL BE CONDUCTED HERE

"The federal government has awarded a continuation research grant to the University of Utah Graduate School of Social Work for the second part of a three-year study of reasons for success and failure of vocational rehabilitation in the intermountain states, directed by Dr. William M. McPhee, professor of social work and sociology at the university. This year the study will be made in Montana, with the consent and approval of Leif Fredericks, State Director of the Bureau of Vocational Rehabilitation. The research will entail interviews with approximately 600 clients, their families, and their employers. In this group approximately 100 blind individuals will also be interviewed. The study is co-ordinated with the Montana State Office of Vocational Rehabilitation and the Department of Public Welfare. The purpose of the study will be to determine the influence of emotional, social, and physical factors on the vocational rehabilitation adjustment of disabled individuals.

In making the grant, officials of the Department of Health, Education, and Welfare stated that the results of the project will be used as a guide to similar research in other states. This past year a team of ten professional people have been working in the state of Utah, and three members of the team are already working in Helena in preparation for the remaining members who will come to Helena in July."



## APPENDIX VI

### INSTRUCTIONS TO THE INTERVIEWER

(Used by interviewers before working with records or clients)

1. The interviewer should identify himself with some interpretation and explanation of the nature of the research to be done.
2. He should indicate that he is interviewing the respondent (employer or family) with the consent of the rehabilitant.
3. Achieving rapport will be a primary consideration as much to be desired as rapport in an exploratory or treatment interview.
4. The usual professional approach will be used to minimize or eliminate fear and apprehension, to make the interviewee comfortable, to create an atmosphere of confidence and to establish a relationship between the interviewer and the respondent.
5. In each instance the interviewer will accredit the importance of the respondent's participation and contribution. This can, and in all probability will be done by verbal and non-verbal means of communication best adapted to the purpose to be achieved and the interviewer's skill.
6. An explanation of proper safeguards of the information received will be given when such an explanation is indicated.
7. It is assumed that most families interviewed will be conditioned and fairly well desensitized by radio and TV quiz programs and the press, and that cooperating with the researcher will not be a threatening experience.
8. The interviewer should exercise caution in handling material other than that contained in the schedule.
9. The interviewer should assure each of the respondents (client, family, and employer) of the value of his contribution to the research.

### PROCEDURE

1. Letter from Director of Vocational Rehabilitation to client asking cooperation.
2. Confirmation by client of willingness to participate and appointment made with client. Where it is impossible to reach the client by telephone it will be necessary to visit him in order to make an appointment for interview.

## SAMPLE. (PHONE CALL TO CLIENT)

I am Mr. \_\_\_\_\_ from the University of Utah. Recently a letter from the State Director of Vocational Rehabilitation was mailed to you requesting your assistance in a study we are making of the rehabilitation services. It so happens that you are one of a select group chosen by a sampling method for a personal interview. I am calling to see when it would be convenient for you to see me and to discuss briefly your experiences with the State rehabilitation services. (If person is negative in his response, continue). We would sincerely appreciate your help and believe that your opinions, and the opinions of others like you, will help to improve the rehabilitation program. When would it be convenient for you to have me call upon you?

3. Application of record schedule. (Only that material in the records pertaining to "last closure" or between July 1, 1949, and June 30, 1954, to be used. Otherwise "Item in Schedule" should be marked not recorded).
4. Interview visit with client.
5. Introduction of self and interpretation of study made to client.

## SAMPLE. (WITH CLIENT WHO HAS ALREADY BEEN TELEPHONED)

I am Mr. \_\_\_\_\_ from the University of Utah. I called you the other day regarding a personal interview in connection with a study we are making of the State rehabilitation services in Utah. I sincerely appreciate your cooperation in answering a few questions we have prepared for this study.

We hope that through interviewing a few carefully selected persons in Utah regarding their employment and a few other matters, we will be able to make recommendations for the improvement of state rehabilitation programs throughout the country.

Do you have any questions?

SAMPLE. (WITH CLIENT WHO HAS NOT BEEN REACHED BY TELEPHONE)

I am Mr. \_\_\_\_\_ from the University of Utah. You may recall receiving a letter from the State Director of Vocational Rehabilitation regarding a study which we are making of the State rehabilitation program. It so happens that you are one of a select group chosen by a sampling method for personal interview. I would sincerely appreciate it if you would answer a few questions we have prepared.

We hope that through interviewing a few carefully selected persons in this state regarding their employment and a few other matters, we will be able to make recommendations for the improvement of state rehabilitation programs throughout the country.

Do you have any questions?

6. Application of client schedule.
7. Ask permission to interview employer and family.

SAMPLE

As part of our study, we have a few similar questions we would like to ask your wife (if not married, your parents). Would this be agreeable with you? Yes \_\_\_\_\_ No \_\_\_\_\_

We also have about twelve short questions we would like to ask **your employer**. Would this be agreeable with you? Yes \_\_\_\_\_ No \_\_\_\_\_

8. In securing permission from client to interview employer and/or family be sure to obtain names and addresses of these persons and the record on case card. These cards should be safeguarded and returned to the office.
9. Make appointment with employer.



SAMPLE. (STATEMENT TO EMPLOYER)

I am Mr. \_\_\_\_\_ from the University of Utah. We are making a study of the employment adjustment of 500 people in the State of Utah. One of these is Mr. \_\_\_\_\_ who works for you.

I have talked with him and he has given me his permission to ask you a few questions regarding his employment.

Your cooperation in this matter will be very helpful and you can be assured that your statements will be held in strictest confidence.

Do you have any questions?

10. Administer employer schedule.
11. Interview family member. (This may be done prior to interviewing the employer if more convenient).
12. The client and the family should be interviewed separately and at different times.
13. Administer family schedule.
14. Complete clinical schedule.

Instructions for Using Clinical Schedule

1. The clinical schedule should be completed as soon after the client schedule interview as possible and always on the same day as the interview.
2. In some instances interviews with family and employers may produce evidences which may modify the clinical findings derived from the client schedule. Such changes may be made following these interviews.
3. The following definitions should be kept in mind in making clinical

evaluations and in completing the clinical schedule:

Rehabilitation Experience

This includes (1) experience with the rehabilitation agency and (2) rehabilitation experiences other than those directly in the rehabilitation agency (e.g., schooling, on-the-job training, medical services, etc.)

Involvement

The degree to which one occupies himself absorbingly or engrossingly.

Satisfaction

To fill up the measure of a want of a person. To gratify the desire.

To make content.

Sense of Achievement

The feeling of carrying to a desired end. The sense of successfully concluding or accomplishing.

Adaptation

Act or proces of adjusting to environmental conditions (including psychosocial influences). Reality oriented. To adapt is to behave in keeping with reality.

Positive

The impact of the disability is considered positive when efforts to maintain balance are not prominent or excessive.

Negative

Where there is a prominence (intensity, pervasiveness) of efforts to maintain balance.

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Adjustment of vocational  
rehabilitation clients.

[illegible]



